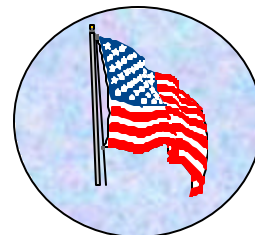




Volume 7 Issue 3



MEARNG RETIREE NEWSLETTER



SEP – DEC 2002

DEPARTMENT OF DEFENSE, VETERANS AND EMERGENCY MANAGEMENT
PUBLISHED BY THE MEARNG RETIREE COUNCIL

TABLE OF CONTENTS

➤	COMMENTARY	1
➤	RETIREMENT BENEFITS & SERVICES	1
➤	TRANSITIONS	9
➤	TAPS	9
➤	MISCELLANEOUS	12
➤	UPCOMING EVENTS	12
➤	FOR YOUR INFORMATION	13
➤	TRIVIA QUESTIONS	29
➤	FEEDBACK	29
➤	RETIREE E-MAIL ADDRESSES	30
➤	RETIREE COUNCIL MEMBERS	30
➤	ANSWERS TO TRIVIA	30
➤	CASUALTY ASSISTANCE CHECKLIST	32
➤	VETERANS' CORNER	35

COMMENTARY This is the twenty-first Retiree Newsletter, normally published in Apr, Aug and Dec. Our purpose is to keep you informed and provide you a continuing sense of belonging to the Guard after retirement. We hope the newsletter helps accomplish that purpose.

Information is furnished through various sources, and is only made available in this newsletter for your information. Information and comments contained in this newsletter is intended solely for the personal interest of the recipient and should not be considered as an endorsement. If you have an item you would like considered for publication, please send it to the MEARNG Retiree Council, Camp Keyes, Augusta, ME 04333 or e-mail it to dean.soule@me.ngb.army.mil

This newsletter and all previous issues of the newsletters can be found on the following web site:

<http://www.me.ngb.army.mil/retire/>

We are continuing to update our mailing list to include all MEARNG retirees. **If you know any retiree(s) who are not receiving the newsletter, please send their name and address to a member of the Retiree Council or e-mail us.**



Please advise us of mailing address changes and those due to 911. If you do not wish to continue receiving the newsletter, contact a council member.

Continuation of Newsletter The Retiree Council has decided to continue the Retiree Newsletter to spouses of deceased retirees when the spouse requests it.

Many items in the newsletter may prove valuable to the surviving spouse.

New Members: Membership is open to retirees of all ranks and gender from all parts of Maine. If you or a retiree you know are interested, please contact a Council member. Retired NCOs should consider getting involved to have their concerns surfaced and to demonstrate they are still an active member in military affairs.

****RETIREMENT BENEFITS AND SERVICES****

New Online VA Benefits Guide Available

“The Department of Veterans Affairs has made its comprehensive benefits guide available for free on the Internet.

Federal Benefits for Veterans and Dependents is a 100-page handbook describing benefits provided by the VA and an overview of programs and services for veterans provided by other federal agencies.

VA officials estimate most of America's 25 million veterans qualify for at least some VA benefits, but many are unaware of their entitlements. This handbook includes a listing of toll-free numbers, World Wide Web information resources, and VA facilities.

Most veterans are eligible for healthcare and burial benefits. Many are also eligible for home loan guarantees, educational assistance, vocational rehabilitation, life insurance, and compensation for service-connected disabilities.

This guide explains how to access many of these benefits on-line. For instance, it provides a Web address and instructions for enrolling via the Internet into the VA healthcare system. This book describes in detail the priority for care and services

available. Separate sections describe specialized services available to Gulf War veterans and those exposed to Agent Orange or radiation.

The Montgomery GI Bill and other education benefits are explained in depth. Burial benefits and employment service are also covered, as are rate charts for the various forms of compensation VA provides.

The book can be purchased through the Government Printing Office for U.S.-based customers and \$6.25 for those overseas by calling toll-free (866) 512-1800. By providing it online at www.va.gov/opa/feature/, the VA hopes to make the information available to more veterans."

Did You Know

- **BURIAL FLAG**

A member who completes at least one enlistment in the Guard or Reserve, is discharged due to service-connected disability, or whose death is related to his/her service is eligible to receive a flag.

- **BURIAL IN A NATIONAL CEMETERY and HEADSTONE/MARKER**

These benefits are available to any member whose death is related to his/her Reserve or National Guard service or who, at the time of death, was eligible for retirement pay based on Reserve or National Guard service, or would have been entitled had the member attained age 60.

Presidential Memorial Certificate:

A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed by the current President, to honor the memory of honorably discharged deceased veterans who have not been convicted of a capital crime. This program was initiated in March 1962 by President John F. Kennedy and has been continued by all subsequent Presidents. Statutory authority for the program is Section 112, Title 38, of the United States Code. The Department of Veterans Affairs (VA) administers the PMC program by preparing the certificates which bear the President's signature expressing the country's grateful recognition of the veteran's service in the United States Armed Forces. Eligible recipients include the deceased veteran's next of kin and loved ones. More than one certificate may be provided. Eligible recipients, or someone acting on their behalf, may apply for a PMC in person at any VA regional office or by U.S. mail only. Requests cannot be sent via email. All requests must be in writing. There is no form to use when requesting a PMC however, a copy of the veteran's discharge and death certificate must be included



with the request. These documents will not be returned. You can Fax your request and supporting documents to (202) 565-8054 or mail it to: Presidential Memorial Certificates (402E12), National Cemetery Administration, 810 Vermont Avenue, NW, Washington, DC 20420-0001. If you have any questions about a certificate you have received, a request you have already sent in, or about the program in general, you may call (202) 565-4964 or email PMC@mail.va.gov.

[Source: www.cem.va.gov/pmc.htm 11 DEC 02]

New Delta Dental Plan Awarded for 2003:

The Department of Defense has awarded Delta Dental Plan of California a contract to provide services for the TRICARE Retiree Dental Program (TRDP). This is a five-year renewal contract and is valued at approximately \$987 million. The new contract which becomes effective May 1, 2003 provides an enhanced dental benefit package and improved customer service for retirees. TRDP provide a dental plan to uniformed service retirees and their family members, certain surviving members of deceased active duty sponsors and to Medal of Honor recipients and their immediate family members and survivors. It offers dental coverage throughout the 50 states, plus the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands and Canada. All premiums are paid by those enrolled and vary depending on where they live.

The new contract reduces the mandatory enrollment obligation to only 12 months, after which enrollees can remain in the program on a month-to-month basis. Additionally, the waiting period for a full scope of benefits has been reduced to just 12 months, after which 50 percent coverage for crowns, bridges, full/partial dentures and orthodontics goes into effect. The program continues to carry a \$50 per person, per year deductible, but now also includes a family cap of \$150 and an increased annual maximum amount of \$1,200 against which preventive and diagnostic services are not counted.

Coverage for these services, as well as for basic restorative services, periodontics, endodontics, oral surgery and dental emergencies is available immediately on the effective date of coverage. Crowns, bridges, full and partial dentures and orthodontics are available after 12 months continuous enrollment.

Retirees and their family members can obtain more information about the program at www.tricare.osd.mil or by visiting the Delta Dental Plan of California Web site at www.ddpdelta.org. Delta Dental may also be contacted at Delta Dental Plan of California, Federal Services, P.O. Box 537008, Sacramento, CA 95853-7008 or email at ddpenroll@delta.org for enrollment and ddpservice@delta.org for customer service. You can also call (888) 838-8737 M-F 07-1700 PST for new enrollments, changes and related correspondence or (888) 336-3260 M-F 0815-1630 PST excluding holidays.

TRICARE For Life – Age 65 and Older

Are you confused about TRICARE For Life (TFL) and whether you need to update your Uniformed Services Identification (ID) Card to use the program? Do you want to know the difference between updating your Defense Enrollment Eligibility Reporting System (DEERS) record and obtaining a new ID card? Do you want to know why the back of your ID card reads "Civilian No" and your friend or family member's reads "Civilian Yes?" If your answer to any of these questions is yes, then you should find the following information helpful.

If you are a sponsor, age 65 or over, eligible for Medicare Parts A and B, and have purchased Part B you do not need to update your current ID card to receive health care under TFL -- even if the medical eligibility status printed on the back of your ID card indicates "Civilian No." Medicare Part B is required for TFL eligibility. If you have used TFL and have received a TRICARE explanation of benefits statement that TFL has paid your claims, you do not need to notify DEERS that you have Medicare Part B. Your Medicare Part B information has been picked up in a data match with Medicare. You do not need to update anything in DEERS other than changes in your residence, mailing address or family member status.

If you haven't used TFL yet or don't think that your Medicare Part B information is being picked up during TFL claims processing, you may call your regional managed care support contractor or visit your nearest military personnel office that has an ID-card facility and have them register your Medicare Part B enrollment status in DEERS. If you visit an ID-card facility, you should bring your Medicare card with you. You may go online to locate the nearest personnel office or ID-card facility at www.dmdc.osd.mil/rsf, or call 1-888-DOD-LIFE (1-888-363-5433) for these locations and other information about TFL. You do not need to obtain a new ID card when you add your enrollment in Medicare Part B because you are only updating your record.

If you are a family member, survivor, or TRICARE-eligible former spouse age 65 or over, eligible for Medicare Parts A and B, and have purchased Part B you need to look at your ID card and see if it has expired. If you have an expired ID card, you should visit or contact the nearest military personnel office that has an ID-card facility to have a new ID card issued.

You may go online to locate the nearest personnel office or ID-card facility at www.dmdc.osd.mil/rsf, or call 1-888-DOD-LIFE (1-888-363-5433) for these locations and other information about TFL. If you are not able to travel, contact your nearest ID-card facility for instructions on renewing your ID card by mail. To renew your ID card, you must have a pre-verified application form titled "Application for Uniformed Services Identification Card -- DEERS Enrollment, DD Form 1172." If your sponsor is alive, your

sponsor must sign the form in front of a notary public or other authorized verifying officer. If you are a survivor, you should contact your local ID-card office to inquire about the required documents to obtain an ID card.

ID cards are current for four years, unless you turn 65 during the four-year period. Turning 65 is another reason your ID card's medical eligibility status will expire.

If you are age 65 or over and have recently updated your ID card, your medical eligibility status printed on the back of your ID card might show as "Civilian Yes." This means you are eligible for TFL.

If you have had no reason to update your ID card (it hasn't expired and you haven't recently turned 65, that is, you turned 65 a couple of years ago), your medical eligibility status printed on the back of your ID card might show as "Civilian No." You are not required to update your current ID card to receive health care under TFL. The next time you update your ID card, the medical eligibility status will be changed.

To update Medicare Parts A and B eligibility and purchase of Part B in your DEERS record, the process is the same for sponsors, family members, and survivors of eligible former sponsors, as long as their Social Security number (in addition to the sponsor's) is recorded in DEERS. If you have used TFL and have received a TRICARE explanation of benefits, it is not necessary for you to update DEERS. Your Medicare Part B information has been picked up in a data match with Medicare. You do not need to update anything in DEERS other than changes in your residence or mailing address.

To verify your eligibility in DEERS, you may call the Defense Manpower Data Center Support Office toll free at 1-800-538-9552, or TTY/TDD: 1-800-363-2883 for speech or hearing impaired. If you require additional information on enrolling in Medicare Part B, contact the Social Security Administration toll free at 1-800-772-1213, or TTY/TDD: 1-800-325-0778 for speech or hearing impaired. Additional information on Medicare is available at www.medicare.gov and up-to-date information on TFL is available on the TRICARE Web site at www.tricare.osd.mil/tfl.

TRICARE Standard Inpatient Rates Increase

The TRICARE Standard diagnosis-related group (DRG) daily rate for most civilian non-mental health hospital admissions has increased to \$417, up from \$414 last year. Changes were effective Oct. 1. Officials reported that the rate increase applies to retirees, their families and survivors who use TRICARE Standard. They either pay the fixed daily rate of \$417, or a cost share of 25 percent of the hospital's billed charges, whichever is less. They also pay 25 percent of the allowable charge for separately billed professional services. There is no DRG rate increase for beneficiaries who use a TRICARE network facility under TRICARE Extra. For additional information about DRG payments, interested

parties may contact the nearest beneficiary counseling and assistance coordinator (BCAC).

A BCAC directory is available online at <http://www.tricare.osd.mil/BCACDirectory.htm>.

Beneficiaries also may contact a customer service representative at the nearest TRICARE service center. For more information on TRICARE, see http://www.military.com/Resources/ResourceFileView?file=TRICARE_Overview.htm

Medicare Part B Delayed Enrollment Update:

In the first session of the 107th Congress, Rep. Ben Cardin (D-MD) introduced H.R. 2073, which would waive the Part B delayed enrollment penalty for military retirees who enroll by 31 Dec 2002. The bill would also provide a special Part B enrollment period for military retirees. The bill was referred to the House Subcommittee on Health, Committee on Ways and Means. In June 2002, the Subcommittee reported out H.R. 4954, the Medicare Modernization and Prescription Drug Act of 2002 to the Ways and Means Committee, which, in a special session, marked it up and reported it to the House for floor action. Section 517 of it included language similar to that in H.R. 2073. On 28 June 2002, the House passed H.R. 4954 (221-208) and sent it to the Senate, which put it on its Legislative Calendar where it continues to sit. If - and that is a big if - there is to be a favorable action taken this year, it will happen in the lame duck session starting on 12 November. If the bill or the language of Section 517 is not passed, the bill dies when the 107th Congress adjourns and will have to be reintroduced in the 108th Congress.

Military medical beneficiaries who are eligible for Medicare, but do not have Part B coverage can reconsider their choice on 1 JAN 03. On 31 March 2003, the special open enrollment period for delayed enrollment will close and under current law will not be available until 1 January 2004, with an added 10% penalty. Effective 1 December 2002 a 1.4% COLA increase will appear in the checks arriving in January 2003 for Retired Pay, Social Security benefits and VA benefits. While the COLA is 1.4%, the cost of Part B premiums increases to \$58.70 from \$54.50, which is an 8.7 percent increase. This means \$5.87 is added for each 12-month period of delayed enrollment. Thus, for someone who delayed enrolling for 5 years his/her Part B premium cost would be \$88.05 per month ($\$5.87 \times 5 = \$29.35 + \$58.70 = \88.05). One of the factors military medical beneficiaries without Part B coverage might want to consider is to compare their Part B and Part B penalty cost and qualify for TRICARE For Life coverage against the cost of their Medicare supplemental policies and their other out-of-pocket expenses for health care. [Source: NAUS Update 25 OCT 02]

Martin's Point:

For more than 20 years, the US Family Health Plan has been an integral part of the military health system.

Our hallmark is assuring that eligible beneficiaries have access to our outstanding health care services and maintaining high levels of patient satisfaction. Our plan is available to military beneficiaries in seven service areas across the country. In each, the Defense Department has designated a health care provider to manage the plan. In northern New England, the US Family Health Plan has always been administered by Martin's Point Health Care, a locally owned and operated not-for-profit health care organization. Since our service area covers all of Maine and Southern New Hampshire, we have established networks of hospitals, doctors, specialists, and pharmacies in many locations where you, the beneficiary, live.

Enrollment is open all year to military beneficiaries of all ages. You may download an enrollment form now, or we'll be happy to send you one by mail. If you have questions, e-mail us or call, toll-free, 1-888-241-4556.



Frequently Asked Questions Of Martin's Point:

MEDICAL STAFF:

Which of your doctors are accepting new patients?

- Most of our physicians are accepting new patients. Call the site directly for more information on a specific physician.

What is a Nurse Practitioner (NP)?

- Nurse practitioners are nurses who have specialized training and certification to assist in the diagnosis and management of patients' medical issues. They are individuals who have completed RN training and certification and have practiced in their profession for several years. Many have obtained a masters degree in nursing. Following specialized academic and clinical training, they become certified as nurse practitioners. In our practice, these individuals work under the supervision of a licensed physician. The training of nurse practitioners qualifies them to take a medical history, perform physical examinations, identify medical problems, interpret laboratory results, and instruct, counsel and prescribe for patients.

How does the Nurse Practitioner work with the physician?

- A team of two physicians with one nurse practitioner or physician assistant working closely together to assure quality care is delivered to you. Although you may occasionally see the nurse practitioner instead of your physician, your physician is made aware of the nature of your visit. When scheduling an appointment, please let us know if you prefer to see your doctor instead of the nurse practitioner for your visit.

What is a Physician Assistant (PA)?

- Physician Assistants are health professionals qualified by academic and clinical training to assist in the diagnosis and management of patients' medical issues. They have college degrees and prior work experience in the field before completing a specialized program of preparation to become physician assistants. They are licensed, board certified and re-certified by exam every 6 years through the state medical board and work under the supervision of a qualified licensed physician. Their training prepares them to take medical histories, perform physical examinations, identify medical problems, interpret laboratory results, and instruct, counsel and prescribe for patients.

How does the Physician Assistant work with the physician?

- A team of two physicians with one physician assistant or nurse practitioner working closely together to assure quality care is delivered to you. Although you may occasionally see the physician assistant instead of your physician, your physician is made aware of the nature of your visit. When scheduling an appointment, please let us know if you prefer to see your doctor instead of the physician assistant for your visit.

HOURS OF SERVICE:

Is there a doctor available 24-hours per day?

- In the event that you have an urgent medical need, you can call the health care center 24-hours a day. Even after hours you will speak to someone from our 24-hour nurse call system. This medical professional will evaluate the urgency of your medical needs and instruct you how to proceed. There will always be a physician on-call should your health care needs require advanced assistance.

What services are available during extended evening and weekend hours?

- All of our practices offer scheduled hours outside of the traditional business hours. During these times, a health care provider team is always available. You may be referred outside for lab, radiology, and/or pharmacy when seen outside of traditional business hours. Call the site for an overview of specific services that are available during extended hours.

SCHEDULING:

Do you take walk-ins?

- Yes. However, we prefer that you call to make an appointment. If you arrive without an appointment, we will attempt to work you into the schedule. Depending on the practice schedule for that day, it is likely to involve some waiting. If you are ill, it's best to first call to speak with a nurse, so that a plan appropriate to your level of urgency can be set up for you.

How far out do you book appointments?

- It depends on the doctor's schedule. Call the site directly for more information on a specific physician.

Can I schedule a visit with a pediatrician before my child is born?

- Yes, you can meet with a doctor, who will answer all of your questions and give you information, which will be useful to your right after your baby is born. Usually, visits for the baby are not made until the birth. We always leave appointments available for new babies.

THE OFFICE VISIT:

Where can I park?

- All Martin's Point locations have a parking lot surrounding the building.

What forms do I need for my first visit?

- It helps to provide us with immunization records, up-to-date insurance card, medical history, list of medications, and family information sheet. Please arrive twenty minutes before your first visit in order to complete information forms and get your account set up in the computer. If you would like to complete your insurance and family information sheets prior to the first visit, please call the site.

When do you expect me to pay my insurance co-pay?

- We expect the co-payment at the time of the visit. You can pay it as you are checking out. We accept cash, checks, and major credit cards.

Will I always see my personal physician? Can I be seen by any of your doctors?

- One of the advantages to a group practice, like Martin's Point, is that we manage your care in a team approach (two physicians and one physician assistant or nurse practitioner). If your doctor is out of town or fully scheduled, another member of the medical team can respond to your needs.

Is the charge for seeing a physician assistant or nurse practitioner the same as for seeing a physician?

- Yes. The charge is based upon the service provided, not on the person providing it.

FINANCIAL AND INSURANCE:

I have a question about my bill. What should I do?

- If the bill is from Martin's Point, please call 1-800-499-7875 during normal business hours (M-F 8 to 5) and ask to speak with our billing department.
- USFHP members who have questions concerning a bill received from a non-Martin's Point provider, (i.e.: a hospital or physical therapist) should call our Member Services Department at 1-888-674-8734 during normal business hours (M-F, 8-6).

If I see a doctor, physician assistant, or nurse practitioner, which is not my regular doctor, will my insurance pay?

- Yes. Since we use a team approach, all of our medical staff is covered under all major health insurance plans.

What should I do when I travel out of the area and I get sick?

- Every insurance plan is different. Before you travel, read the section on out-of-area emergency medical care. If you are seriously ill, please call the customer relations number on your insurance card. Your insurance company should tell you whether you are authorized to go to an urgent care center or to a hospital emergency room.

MEDICAL RECORDS:

How do I get a copy of my medical record?

- Contact the Medical Records Department at the practice. We must receive a signed authorization from the patient to release records. We will release a copy of the records to other physicians at no charge.

If you are a Martin's Point patient who is transferring from one Martin's Point location to another Martin's Point location, there is no need to sign a release; just call the Medical Records Department and ask to have the records transferred.

MEDICATIONS:

What is the difference between a prescription refill and a prescription renewal?

- **Refill:** a prescription on file with the file that has remaining refills. This prescription can be refilled without contacting the physician.
- **Renewal:** a prescription on file with the pharmacy that no longer has remaining refills. The physician must be contacted for approval before the prescription may be filled. Usually the prescription renewal will allow for several refills over time.

How can I get my medicines refilled?

- Usually, we will renew medications without a new visit if you have been seen for this problem within the last 12 months. This allows proper evaluation and documentation of your condition and your response to the medication.

Will the doctor call in an antibiotic for me without having seen me?

- Most physicians feel that they need to examine you in order to determine if treatment is necessary and when it is necessary, to choose the right medication.

MISCELLANEOUS:

Where can I find directions to your sites?

- Directions to Martin's Point South Portland Administrative Offices

From the Maine Turnpike, North or South: Exit I-95 via ramp at sign reading "Exit 7 Maine Mall Road and US-1" and go East for 0.9 miles. Bear right on Maine Mall Rd and go Southwest for 300 feet. Turn left on Payne Rd and go Southwest for 0.3 miles. Turn right on Spring Street and go North for 0.4 miles. Continue on Cummings Road and go North for 0.4 miles. Turn left on Gannett Drive and go West for 400 feet to 207 Gannett Drive.

From I-295 North: Exit I-295 via ramp at sign reading "Exit 1 Maine Turnpike North, Maine Mall Road, and I-95. Bear right on Maine Mall Rd and go Southwest for 300 feet. Turn left on Payne Rd and go Southwest for 0.3 miles. Turn right on Spring Street and go North for 0.4 miles. Continue on Cummings Road and go North for 0.4 miles. Turn left on Gannett Drive and go West for 400 feet to 207 Gannett Drive.

- Directions to Martin's Point Health Care at Portland
331 Veranda Street Portland, Maine 04104

From the north: Take I-95, heading south. Take Exit 10 (Bucknam Road, Falmouth). Take a left at the end of the exit ramp onto Bucknam Road. Take a right at the lights and intersection with Route 1 (the Falmouth Shopping Center is in front of you). From there, continue to drive south on Route 1 for approximately 3 miles. You'll cross the Martin's Point Bridge to Portland. Martin's Point Campus is on your left, with a sign marking the entrance.

From the Maine Turnpike, southbound: Take Exit 9 (Falmouth Spur) to Route 1 in Falmouth. You will pass the Falmouth Shopping Center on your left. From there, continue to drive south on Route 1 for approximately 3 miles. You'll cross the Martin's Point Bridge to Portland. Martin's Point Campus is on your left, with a sign marking the entrance.

From the south: Take the Maine Turnpike to Exit 6A onto Interstate 295 North. From I-295, heading north, take Exit 9 (Falmouth Foreside, Route 1). Martin's Point is on the right just off the exit ramp. Heading north on Route 1, look for the sign marking the entrance.

- Directions to Martin's Point Health Care at
Brunswick
6 Farley Road Brunswick, Maine 04011

From the North and South: From Route 1 North or South, take the Cook's Corner exit. Get in the furthest left lane and at the lights take a left. At the second set of lights, take a left onto Old Bath Road. Take the next left onto Farley Road. Our Brunswick location is on your immediate right.

Who do I call if I have a complaint?

- It is our mission to provide you with a great outcome and great experience. Our goal is to be sure that you receive exceptional service from all staff. If you have comments or concerns about the service you receive, please call: (207) 791-3730.

What is an Advanced Directive?

- An Advanced Directive is a spoken or written discussion or instruction regarding the future of a patient's health care. This information is used to help a patient make their wishes known when they can no longer make decisions about their medical care due to serious illness or injury. This document reviews the medical treatment that a patient wants or does not want, such as Life Support, Life Sustaining or Life Enhancing treatment. Specific information and examples about each of these options is available from your health care provider.

Please discuss these options with your family and with your health provider. Both Maine and New

Hampshire hospitals each have a specific form to document your wishes. This form will need to be completed by each patient and typically witnessed by two other people. Copies of this form should be included in your medical record. Martin's Point Health Care has a "Living Will" packet available at each of our health centers upon request.

There are no circumstances at any Martin's Point sites when we would not resuscitate a patient experiencing cardiac or pulmonary arrest. Patients will be transferred to a hospital and information on the patient's condition would be provided to the hospital receiving team, including a copy of the patient's Advanced Directives if present in the medical record.

Can you give me more details on your new telephone system?

- Patients calling Martin's Point Health Care at Portland, Portsmouth, or Brunswick are now greeted by a new telephone system. These enhancements have allowed patients to route themselves directly to the department they need to reach and reduced time waiting on hold.

Many patients have utilized the feature of an "automatic call-back" from Martin's Point Health Care. This service allows a patient to enter a phone number and the system will "hold" the patient's call in the wait line. When the next representative is available, the system will call the patient at the number entered.

These new features were designed to maximize the staff's ability to help all patients and minimize your wait to reach the appropriate area. For your reference, the menu of options is listed below. You can press these buttons at any time during the recorded message; you do not have to wait until prompted.

Telephone System Menu:

(Interactive Voice Response - IVR)

- 1=Life Threatening Emergency
- 2=Appointment Scheduling
- 3=Prescriptions
- 4=Insurance Referral
- 5=Test Results, Lab, X ray, Radiology or Medical Records
- 6=Billing Department
- 7=Comments & Concerns - non Medical information only
- 8=Health Education
- 9=To Repeat Menu

CHAMPVA:

Civilian Health and Medical Program of the Department of



Veterans Affairs [CHAMPVA] is the VA version of Tricare Standard. The VA shares with eligible beneficiaries the cost of covered health care services and supplies. Due to the similarity between CHAMPVA [administered by the VA] and CHAMPUS [administered by DoD] the two programs are easily and often mistaken for each other. Only the CHAMPVA Center, PO BOX 65023, Denver CO 80206-5023 is authorized to process applications, determine eligibility, authorize benefits, and process claims. Veterans can speak to a benefits counselor from 09-1330 and from 1430-1700 EST at [800] 733-8387

The VA Outpatient Clinic, Manila is now authorized to provide medical care to CHAMPVA eligible beneficiaries on an outpatient basis. However, this care must be administered at the clinic and will not be provided through the Fee-Basis Care Program. The benefit of obtaining care from the clinic is that the cost to the patient will be limited to travel only. The VA will absorb the cost of pharmaceuticals and medical care. If you have any questions contact the VA Clinic Coordinator at (02) 833-4566 to 69 EXT 201.

Eligibility - Those eligible for CHAMPVA benefits, providing they are not eligible for CHAMPUS or Medicare Part A as a result of reaching the age of 65 are:

- the spouse or child of a veteran who has been rated by a VA regional office as having permanent and total service-connected disability.
- The surviving spouse or child of a veteran who died as a result of a VA rated service-connected condition(s); or who at the time of death, was rated permanently and totally disabled from a service-connected condition(s),
- The surviving spouse or child of a person who died in the line of duty and not due to misconduct within 30 days of entry into active military service.
- Surviving spouses who remarry after age 55. There is a 1-year open season from date of enactment of the Veterans Benefits Act of 2002 for otherwise eligible spouses to apply for benefits. Effective date is 60 days after enactment of Act.

Individuals 65 or older, who lose CHAMPVA eligibility by becoming potentially eligible for Medicare Part A or who qualify for Medicare Part A benefits on the basis of disability, may re-establish CHAMPVA eligibility by submitting documentation from SSA certifying their non-entitlement to or exhaustion of Medicare Part A benefits.

Application - Applicants for CHAMPVA must submit a completed "Application for Medical Benefits for Dependents

or survivors - CHAMPVA [VA Form 10-10d.]. Upon receipt by the Center it will take approximately 60 days to gather the supporting records necessary to verify eligibility and make notification to the applicant. The Center will also verify the applicant's eligibility status with the local VA Regional Office that has the sponsor's VA claims folder. To ensure there is no CHAMPUS entitlement, these records will also be verified through DEERS. [Source: CHAMPVA Handbook Jun 95 & Veterans Benefit Act of 2002]

Benefits from Commissary Savings

With careful planning, 24 visits to the commissary can result in serious savings. A recent market basket survey reported that commissary shoppers save more than 30 percent on their grocery purchases.



Though commissary shoppers can always find individual prices higher or lower than in a retail grocery store, the market basket survey proved that consistent, savvy shopping at the commissary brings significant savings. Consider these money-saving facts:

- Commissaries sell at prices that recoup the cost of the goods, with no markup or profit.

Though shoppers pay no tax on purchases, they pay a 5 percent surcharge invested for building, renovating and operating commissaries around the world.

- "Best Value Items" make saving easier by pointing out the lowest prices on many of the products customers buy. Yellow BVI signs indicate the lowest price found on DeCA shelves as well as at local grocery stores, supermarkets or "supercenters" for the same size item, national or store brand. Most commissaries carry more than 600 BVI items.
- Many commissaries now offer occasional case-lot sales with special savings on a variety of products purchased in large quantity to drive prices down. These events normally draw large crowds, and the unbeatable prices keep them coming back for more.
- Numerous military -store-only coupons, available in various military publications and on the shelf near the product provide even more savings.

Those 24 commissary visits are available to "gray area" reservist retirees, who will be entitled to retired pay at age 60 but have not yet reached that age. On their 60th birthday, retired members and their eligible dependents gain unlimited access to the commissary.

To shop in the commissary, "gray area" reservist retirees or immediate family members need a valid ID card and a current commissary privilege card that entitles them to 24 shopping days. Cards are stamped or initialed at checkout for each day

of store visits, with multiple visits during the same day counting as one day's visit.

"Gray area" reservist retirees may use their 24 commissary visits at their discretion throughout the calendar year at whatever pace and schedule desired. However, any commissary visits unused at the end of a calendar year do not carry over into the next calendar year, becoming lost savings opportunities for shoppers.

Retirees may call one of the numbers or check the Web sites below for more information:

Army Reserve (800) 318-5298 or (314) 592-0573

<https://www.2xcitizen.usar.army.mil/soldierservices/pay/com/mcards.asp>

Naval Reserve (800) 535-2699, Ext. 5500, or (504) 678-5500

<http://www.nrpcweb.nola.navy.mil/commissary.htm>

Marine Corps Reserve (703) 784-9306

Air Force Reserve Command (800) 525-0102, Ext. 71227 (five-digit extension) or (303) 676-6438

<http://arpc.afrc.af.mil/dpsse/cpc.htm>

For shoppers checking on store hours or special offerings, each store has a Web page at this address:

<http://www.commissaries.com/>

ID Card Locations Within The State of Maine

USAR

Oliver O Howard
USAR Center, Auburn
Ms. Greenlaw
782-7088/782-7737
M-F by Appt only

MEARNG

113RD Eng.Bn(Cbt)
Portland
SFC Estabrook
878-9659
M-F by Appt only

Air National Guard

101 MMS/DPM, Bangor
TSGT Furrow
990-7387
M-F 0700-1100/1200-1500

MEARNG

DPA-A, Augusta
Camp Keyes
SGT Patten
626-4455
M-F 0800-1500

Navy

PSD Brunswick
PN2 Murphy
921-1646
M,T,W,F 0900-1500
TH 0900-1700

MEARNG

Armory, Caribou
SSG Kervin
498-6518/498-6517
1st & 3rd TH 0700-1530

Navy Reserve

Navy Reserve Center, Portland
PM1 Adams
775-6555/775-6556
TH 1300-1500

Navy/MEARNG

AFRC
CW2 Doody
945-6484
M-F 0700-1600

****TRANSITIONS****

RETIREMENTS

Allen, James C., SGT
Asselin, Roger P., SGT
Barnes, Philip E. Jr., SSG
Bonnell, John W., SSG
Boudreau, Daniel R., SSG
Bouffard, James A., SGT
Cotta, Harvey D., CW4
Delong, Mark A., MSG
Gagnon, Michael H., 1SG
Gerow, Arthur A., SSG
Hicks, Dana E., SGT
Lolar, Terence J., SFC
Saucier, Robert J., SSG
Scanlon, Raymie D., SGT
Skillin, George E., Jr., SFC
Tonero, Louis V., SFC
Tuttle, Kevin M., SGT
Umphrey, Fred E., COL
Williams, Alpha N., SSG



(**Any names that are not on this list, was not done intentionally, please advise.)



****TAPS****

CSM (Ret) Paul L. Noel
SFC (Ret) Rick Corey
BG (Ret) Edwin F. Whitney
1SG (Ret) Raymond J. "SAM" Bernier

It is suggested that the Headquarters at Camp Keyes, Augusta, Maine be made aware of a deceased retiree. Upon receiving notification, word will be disseminated to Staff and Units of the Maine Army National Guard. This will enable any active guard member who may have served with the retiree to pay their condolences. Persons to call are the Chief of Staff at 626-4280, or to myself at 626-4380 or e-mail me at dean.soule@me.ngb.army.mil

The Final Inspection

The soldier stood and faced God
Which must always come to pass
He hoped his shoes were shining
Just as brightly as his brass.

"Step forward now, you soldier,
How shall I deal with you?
Have you always turned the other cheek?"

To My Church have you been true?"
 The soldier squared his shoulders and said,
 "No, Lord, I guess I ain't
 Because those of us who carry guns
 Can't always be a saint.

I've had to work most Sundays
 And at times my talk was tough,
 And sometimes I've been violent,
 Because the world is awfully rough.

But, I never took a penny
 That wasn't mine to keep...
 Though I worked a lot of overtime
 When the bills got just too steep,

And I never passed a cry for help,
 Though at times I shook with fear,
 And sometimes, God forgive me,
 I've wept unmanly tears.

I know I don't deserve a place
 Among the people here,
 They never wanted me around
 Except to calm their fears.

If you've a place for me here, Lord,
 It needn't be so grand,
 I never expected or had too much,
 But if you don't, I'll understand."

There was a silence all around the throne
 Where the saints had often trod
 As the soldier waited quietly,
 For the judgment of his God,

"Step forward now, you soldier,
 You've borne your burdens well,
 Walk peacefully on Heaven's streets,
 You've done your time in Hell."

To all that serve
 and to all that have served....

A Way To Honor Fallen Guardsman:

For those that wish to honor deceased guardsman may do so by donating funds to a program that would benefit current day guardsman. So many times it is months after a death that we learn of it. The Council has approved backing the [Maine National Guard Foundation Fund] as one way we may honor deceased Guardsman.

The fund is a non-profit 503c program funded by donations and the Combined Federal Campaign. The funds are used to help ACTIVELY DRILLING guard members both Army and Air get through difficult times i.e. fires, deaths, mobilization hardships, sudden loss of income etc. The money can be given in the form of a grant (UP TO \$250) or no interest

loans. Since it is an emergency fund, it is not used to help pay bills, buy a car etc.

When making donations please include the name of the deceased guardsman that you wish to honor, along with the address of the deceased next of kin (if known). The family of the deceased guardsman will be notified of any donations received.

Please make checks payable to: MeNG Foundation Fund.
 Dept. of Def., Veterans and Emerg Mgmt
 ATTN: SFC Barbara Claudel
 Family Support Coordinator
 33 State House Station
 Augusta, Maine 04333-0033

POC for the fund is SFC Barbara Claudel 1 800 581-9989, or e-mail barbara.claudel@me.ngb.army.mil

Please help this fund grow by your generous donations at appropriate times.

Al White Chairman MeARNG Retiree Council

Funeral Honors Bugle:

Honor guard members, though not musicians, can now play "Taps" on a recently developed ceremonial bugle. It contains a small device that can be inserted deep into the bell of a bugle that plays a very high-quality rendition of Taps virtually indistinguishable from a live bugler. The ceremonial bugle is intended to be a dignified alternative to pre-recorded Taps played on a stereo, but will not be used as a substitute for a military musician when one is available. To use the device, a member of an honor guard needs merely to push a button and hold the bugle to his or her lips. It offers several other advantages over a stereo, including increased reliability.

The Department will begin a six-month test of the ceremonial bugle in Missouri beginning 7 NOV 02. Fifty prototype bugles will be distributed to military units and other authorized providers of funeral honors, such as veterans' service organizations. During the test, families and honor guard members will be surveyed. Once that data is compiled and the test is completed, a decision will be made whether to expand the program or not.

The Department of Defense provides military funeral honors free of charge to thousands of veterans' families each year. These honors demonstrate the nation's deep gratitude to those who, in time of war and peace, have defended their country. The ceremonial paying of respect is a final tribute to their service. [Source: DoD News Release No. 546-02 dtd 24 OCT 02]

Burial Flags:

VA provides an American flag to drape the casket of a deceased individual who:

- Served in any war

- Died, while in active military, naval, or air service after 27 MAY 1941
- Served after 31 JAN 1955
- Died while a member of the Selected Reserve
- Served at least one enlistment or had been discharged or released from active service for a disability incurred or aggravated in the line of duty.
- Was entitled to retired pay for service as a Reservist at the time of death, or would have been entitled to retired pay, but for the fact that the individual was under 60 years of age.
- Was a member or former member of the Selected Reserve who completed at least one enlistment or period of initial obligated service as a member of the Selected Reserve, or was discharged before completion of the initial period for a disability incurred or aggravated in the line of duty.

Veterans separated from service must have been discharged or released under conditions other than dishonorable. After the funeral service, the flag may be given to the next of kin, close friend, or associate of the deceased veteran. Burial flags may be obtained at VA regional offices, national cemeteries and most post offices. A flag may also be obtained with VA Form 21-2008 U.S. Flag for Burial Purposes which can be downloaded at www.va.gov/FORMS/default.asp. Application should be accompanied by a copy of the deceased veterans DD-214 or any other discharge document noting an honorable discharge. [Source: VA Pamphlet 80-01-1]

AMERICAN FLAG ETIQUETTE

THE FLAG OF THE UNITED STATES OF AMERICA

Displaying The Flag:

When displaying the flag, it is important to remember certain guidelines of proper flag etiquette. They are:

- When on display or carried in a procession with other flags, the **flag should be positioned to its own right**. Also, it should be placed to the right of a speaker or staging area, while other flags are placed to the left.
- When the flag is displayed from a staff projecting horizontally from a window sill, balcony, or building, the stars of the flag should be placed at the peak of the staff unless the flag is at half staff.
- The flag should be at the center and at the highest point of the group when a number of flags of states, localities, or societies are grouped for display.
- When the flag is displayed either vertically or horizontally against a wall, the stars should be placed at the top of the flag's right and the observer's left.
- When the flag is unfurled for display across a street, it should be hung vertically, with the stars to the north or east.
- When the flag is flown with flags of other nations they are to be displayed from separate staffs of the same height, and each should be of equal size. International law forbids the display of the flag of one nation to be flown above that of another nation during time of peace.
- During a time of national mourning, the flag can be flown at half-mast by order or proclamation of the President of the United States. When flown at half-mast, the flag should be hoisted to the peak for an instant and then lowered to the half staff position. The flag should be raised to the peak before it is lowered at the end of the day. On Memorial Day the flag should be displayed at half-mast until noon, then raised to the top of the staff and flown until sunset. Local customs regarding the lowering of company, city, or other flags to half-mast are directed by the executive officers of those service areas.
- When the flag is used to cover a casket, it should be placed with the stars at the head and over the left shoulder. The flag should not be lowered into the grave or be allowed to touch the ground.

Respect For The Flag:

The Flag Code, a national guideline on ways in which the flag is to be respected, states that no disrespect should be shown to the flag of the United State of America. Specific ways in which the flag should NOT be used, according to the code are:

- The flag should not be dipped to any person or thing, and can be flown upside down only as a distress signal.
- The flag should never be used as wearing apparel, bedding, or drapery. Bunting of blue, white, and red can be used for covering a speaker's desk, draping the front of a platform, or for decoration in general.
- The flag should never be fastened, displayed, used, or stored in such a way that would allow it to be easily torn, soiled, or damaged.
- The flag should never have any mark, insignia, letter, work, or other designs of any kind placed upon it.
- The flag should never be used as a receptacle for receiving, holding, carrying, or delivering anything.
- The flag should never be used for advertising purposes. It should not be embroidered, printed or otherwise impressed on such articles as cushions, handkerchiefs, paper napkins, boxes, or anything that

is designed for temporary use. Advertising signs should not be fastened to a flag's staff or halyard.

- No part of the flag should be used as an element or a costume or athletic uniform. However, a flag patch may be worn on the uniform of military personnel, fire men, and members of patriotic or other national organizations, such as the uniforms of veterans' service organizations of Scout uniforms.
- When lowering the flag, make certain that no part of it touches the ground. It should be received by waiting hands and arms. To store the flag, ceremoniously fold it length wise in half, then repeat with the blue field on the outside. Finally, while one person holds it by the blue field, another then makes a triangular fold in the opposite end, continuing to fold it in triangles until only the blue shield shows.
- When a flag is in such a condition that is no longer a fitting emblem for display, it should be destroyed in a dignified manner, preferably by burning.

Flying Our Flag:

It is proper to display the flag from sunrise to sunset on all days the weather permits. The flag may also be displayed at night if illuminated by a light. But it is even more important to display the flag on national holidays and days of importance, including:

New Year's Day
Inauguration Day
Martin Luther King, Jr's Birthday
Lincoln's Birthday
Washington's Birthday
Easter Sunday
Mother's Day
Armed Forces Day
Memorial Day (half staff until noon)
Flag Day
Father's Day
Independence Day
Labor Day
Constitution Day
Columbus Day
Veterans Day
Thanksgiving Day
Christmas Day
Election Days
State and Local Holidays
State Birthday

List of days the POW/MIA flag is supposed to fly:

The following list the days that the POW/MIA flag is to be visible to the public:



- Armed Forces Day, the third Saturday in May.
- Memorial Day, the last Monday in May.
- Flag Day, June 14.
- Independence Day, July 4.
- National POW/MIA Recognition Day.
- Veterans Day, November 11.

****MISCELLANEOUS****

Help In Promoting A Strong Maine Guard:

As a retiree, you are in a special position to assist our Maine Army National Guard in both its recruiting and retention challenges. You know first hand the benefits of retired military service and it would be useful to an effort surfaced by COL Dave Lary, Director of Personnel & Administration, to convey your input to new recruits every two weeks from the time they enlist until they complete AIT.

Please take a moment to write a short word of encouragement to our new recruits. Tell them of the value of service, benefits and what your career has meant to you and your family. Forward your ideas to:

Dept. of Def., Vet. & Emerg.
Mgmt
ATTN: COL David Lary
33 State House Station
Augusta, Maine 04333-0033

COL Lary can also be reached by calling (207)626-4571 or e-mail David.Lary@me.ngb.army.mil

Thanks for your help in promoting a strong Maine Guard.

Warmest regards,
COL Dick Duffy, USA (RET)
Still Serving America

****UPCOMING EVENTS****

MeARNG Retiree Council Meeting Dates for 2003:

The Council meets on Tuesdays at 0900 in the TAG conference room, Camp Keyes, Augusta. Any retiree or non-retiree is welcome to attend. Satellite teleconferencing is now available to the areas in Bangor, Aroostook County and soon to be Portland. This will eliminate travel and time for those interested in attending the council meetings.

<u>DATE</u>	<u>DAY</u>
February 18, 2003	Tuesday
April 15, 2003	Tuesday
June 17, 2003	Tuesday
August 19, 2003	Tuesday
October 21, 2003	Tuesday
December 16, 2003	Tuesday

All meetings at 0900 hours – TAG conference room
Al White, Chairman

Maine Army Retiree Council Meetings – Calendar Year 2003:

(Not to be confused with the MEARNG Retiree Council. This council is for all branches of service in Maine).

The Maine Army Retiree Council conducts meetings, at various times, which imparts information of interest to all military retirees. Retirees of all military services, and their spouses, are invited and encouraged to attend. Scheduled meetings for 2003 as follows:

- 11 Apr 2003, 1930 hours, Air National Guard Base, Bangor, Maine
- 13 Jun 2003, 1930 hours, Post 31, American Legion, Washington St., Auburn, Maine
- 14 Aug 2003, 1930 hours, Maine Veterans Home, U.S. Route #1, Scarborough, Maine
- 16 Oct 2003, 1930 hours, Post #40, American Legion Home, Winthrop, Maine

Additional information relative to these meetings, or other matters pertaining to Military Retirees, please contact either of the following persons:

- CSM Estol R. "Mac" McClintock, USA (Ret), (207) 683-6121
- CSM Edward L. Davis, AUS (Ret) (207) 287-5222,
- CW3 Marie L. Luciani, AUS (Ret) (207) 538-9021

Retired Military Golf Classic Announced:

The 20th Annual National Retired Military Golf Classic will be held in Myrtle Beach, South Carolina, from May 27 to May 31, 2003. The classic will be played on five courses at Myrtle Beach National and Wildwing Golf Clubs. Only 872 men and 132 women will be accepted for this event, reported to be the largest retired military event in the world. More than \$125,000 in prizes and cash will be awarded. Applications will be mailed this month to those on the mailing list. Applications are also available at most military golf courses around the country. Priority will be given to those who have



played in the classic. After Feb. 1, acceptance will be on a first come first served basis. A waiting list will be established once the classic is full. For applications call, 1-800-845-0633 or write to the National Retired Military Golf Classic, PO Box 3608, Myrtle Beach, SC 29578.

Retiree Activity Day (RAD):

The 6th annual Northern New England Retiree Activity Day (RAD) scheduled this year to be held in Maine at the Armory in Augusta on the 23 of August 2003.

A little history of how RADS got started. Years ago Annual RADs were conducted at Ft. Devens for New England Army retirees. Soon after the closure of Devens, the RAD moved to Ft Drum. Drum was a long way off and the RAD was not well supported by DRUM. So a group got together and the Northern New England RAD was born for retirees in all branches of service. The first RAD was held at Manchester, NH, then Augusta, Maine and again in Manchester with Vermont and Portsmouth Sub Base to follow. Now with the 6th annual Northern New England RAD, scheduled to be held here in Maine again for the second time. New Hampshire had more turns because of its central location.

What to look for at RAD Day:

- Info classes conducted on TRICARE for Life, Delta dental
- Up date ID cards
- Simple wills etc.
- Info on Vets cemeteries, military museums, etc.
- Veteran organizations will be present

3rd Annual 286th Reunion Scheduled for July 2003 – More information to follow:

****FOR YOUR INFORMATION****

What Is A VET?

Some veterans bear visible signs of their service: a missing limb, a jagged scar, a certain look in the eye. Others may carry the evidence inside them; a pin holding a bone together, a piece of shrapnel in the leg - or perhaps another sort of inner steel; the soul's alloy forged in the refinery of adversity. Except in parades, however, the men and women who have kept America safe wear no badge or emblem. You can't tell a vet just by looking. What is a vet?



- He is the cop on the beat who spent six months in Saudi Arabia sweating two gallons a day making sure the armored personnel carriers didn't run out of fuel.

- He is the barroom loudmouth, dumber than five wooden planks, whose overgrown frat-boy behavior is outweighed a hundred times in the cosmic scales by four hours of exquisite bravery near the 38th parallel.
- She - or he - is the nurse who fought against futility and went to sleep sobbing every night for two solid years in Da Nang.
- He is the POW who went away one person and came back another or didn't come back AT ALL.
- He is the drill instructor who has never seen combat but has saved countless lives by turning slouchy, no-account rednecks and gang members into Marines, and teaching them to watch each other's backs.
- He is the parade-riding Legionnaire who pins on his ribbons and medals with a prosthetic hand.
- He is the career quartermaster who watches the ribbons and medals pass him by.
- He is the three anonymous heroes in The Tomb Of The Unknowns, whose presence at the Arlington National Cemetery must forever preserve the memory of all the anonymous heroes whose valor dies unrecognized with them on the battlefield or in the ocean's sunless deep.
- He is the old guy bagging groceries at the supermarket - palsied now and aggravatingly slow - who helped liberate a Nazi death camp and who wishes all day long that his wife were still alive to hold him when the nightmares come.
- He is an ordinary and yet an extraordinary human being - a person who offered some of his life's most vital years in the service of his country, and who sacrificed his ambitions so others would not have to sacrifice theirs.
- He is a soldier and a savior and a sword against the darkness, and he is nothing more than the finest, greatest testimony on behalf of the finest, greatest nation ever known.

So remember each time you see someone who has served our country, just lean over and say Thank You. That's all most people need, and in most cases it will mean more than any medals they could have been awarded or were awarded. Two little words that mean a lot, "THANK YOU".

Veterans History Project Keeps War Memories Alive:

American Forces Press Service reports that the Veterans History Project is a grassroots effort hoping to preserve the memories of the 19 million veterans living in the U.S. today. Over the past year alone, the project's staff of 16 has already collected more than 14,000 items, such as letters and other memoirs, and video and audiotape interviews.

With the idea that future generations could learn from the histories of the nation's veterans, the American Folklife Center at the Library of Congress, began the effort to collect video and audio recordings of personal histories and testimonials of American war veterans -- men, women, civilians who served in World Wars I and II, and the Korean, Vietnam and Persian Gulf wars. The center needs contributions of civilian volunteers, support staff, and war industry workers also. The Veterans History Project's official Website lists more than 50 national partners and support organizations from every state. To learn more about the Veterans History Project, visit

<http://www.loc.gov/folklife/vets>. For veterans stories, see http://www.military.com/Content/MoreContent?file=stories_home

Virtual Wall Allows Public to Remember Those Lost in Vietnam

American Forces Press Service reports that the Virtual Wall, at <http://www.virtualwall.org> is run by volunteers whose only purpose is to provide an alternate way for people to remember those lost in Vietnam. Nov. 13 is the 20th anniversary of the dedication of the actual Wall on the national Mall. Government officials and veterans groups are planning reunions and presentations at the Wall on Veterans Day, Nov. 11, and throughout that week to mark the occasion. Visitors to the virtual site can also submit notes and photographs to be placed on memorial pages dedicated to individuals whose names are on the true Wall. Not all the Wall's names are memorialized on the Website, but thousands are -- mostly sent in by family members and friends. Those wishing to build individual memorials have these limits: The site is free of commercial or political endorsements and the language is suitable for children to read. For more on veteran history and benefits, visit <http://www.military.com/Content/MoreContent1/?file=veteransday>



UMaine Student Speaks Out:

The following is a letter from a UMaine Student to the editor of the Bangor Daily News. It relates to UofM holding classes on Veterans Day.

UMaine ignores vets

"The University of Maine held classes on Veterans Day, a federally recognized holiday. I have been a proud member of the Maine Air National Guard for more than 10 years. Every Veterans Day, the 101st Air Refueling Wing marches at the head of the Bangor-Brewer parade and, due to the fact that I had to attend classes, I was unable to participate with my unit.

During my 10 years in the National Guard, I have been deployed to many locations – England, France, Turkey, Texas, Florida and Alaska. I have been deployed both with notice or last minute in support of various operations, to include Operation Northern Watch, Operation Joint Forge and most recently, Operation Noble Eagle. I have always taken my military association very seriously and especially considering the recent events that United States military members have faced and the Iraq situation. I am appalled that the university does not recognize this holiday.

Veterans Day is the closet we come to a secular "World Holiday." It celebrates the service of hundreds of thousands of people from all walks of life who sacrificed to make the world "safe" for many individuals and institutions, even for land-grant institutions such as the UMaine. Further, it is celebrated under several names in countries all over the world, representing a wide cross-section of nations, including many of those native countries of the students and faculty of UMaine who comprised the International Culture Fest just held at the Orono campus.

This holiday is one of the few chances that veterans, both past and present, have to be publicly recognized for the struggles and sacrifices that they have made for their country. As one of those veterans, I am very disappointed that the university chooses to ignore us.

Amanda E. Gleason

Next Base-Closing Round Will Aim to Create Joint Facilities:

GovExec.com reports that the Pentagon will use the 2005 round of military base closures to create a new generation of multimission, multiservice bases, according to Raymond DuBois, deputy undersecretary of Defense for installations and environment. In an interview, DuBois told Government Executive that the next round of the Base Realignment and Closure (BRAC) process will be part of the Defense transformation effort, not simply a cost-cutting exercise, and will be approached from a warfighting, mission-oriented point of view. DuBois said the new round of closures will attempt to create bases that can be used by more than one service for a

variety of missions. He cited the Army's depot in Corpus Christi, Texas, where both Navy aircraft and Army helicopters are repaired, as an example of the kind of arrangement that the Pentagon will seek to replicate in the 2005 BRAC process. For more, see

<http://www.govexec.com/dailyfed/1102/112002g1.htm>

For a complete installation guide, see

<http://www.military.com/InstallationGuides/ChooseInstallation/>

"The National Defense Authorization Act" for 2003 Funds:

WASHINGTON, Dec. 2, 2002 -- The National Defense Authorization Act for 2003 funds the military portion of the global war on terror and the continuing transformation of the U.S. military to face the threats of the 21st century.

President Bush signed the bill into law Dec. 2 during a ceremony at the Pentagon. The act actually allows DoD to spend money released under the 2003 National Defense Appropriations Act, which Bush signed Oct. 23.

Under this bill:

- Service members will receive at least a 4.1 percent pay raise beginning Jan. 1, 2003.
- An increase in the basic allowance for housing to cut out-of-pocket expenses to 7.5 percent.
- Deals with concurrent receipt. Currently, military retirees who receive Department of Veterans Affairs disability payments have their retired pay reduced dollar-for-dollar by the VA payment.

The act authorizes an enhanced special compensation for military retirees who "incurred a qualifying combat-related disability." The retiree must have received the Purple Heart for the injury or have a service-connected disability of 60 percent or higher incurred as a direct result of combat or training for combat.

- Modernizing the force is a large part of the budget. In aircraft the bill authorizes 23 F-22 Raptors this year and 27 in fiscal 2004. The act also funds \$3.4 billion for Air Force-Navy research on the F-35 Joint Strike Fighter program.
- The act allots \$3.7 billion for 12 C-17 Globemaster III air transports. The act also provides funds to upgrade F-15 and F-16 fighter aircraft.
- The Army's Comanche helicopter program will receive \$910 million for engineering and manufacturing development.
- The act authorizes two new Arleigh Burke-class destroyers and close to \$1 billion for research and advance procurement for Navy aircraft carriers.

- The 2003 budget buys the Army's last Abrams tanks and Bradley fighting vehicles. The request funds \$376.3 million for 103 tanks and \$397 million for 138 Bradleys. In a sign of things to come, the budget authorizes \$788 million for the Stryker Armored Vehicle and \$759 million for research on the Army's Future Combat System.

Concurrent Receipt Update:

By now most of you have heard that the House and Senate passed the NDAA (H.R. 4546) with a very limited Concurrent Receipt Provision. Following is the Uniformed Services Disabled Retirees [USDR] report of what happened. Disabled vets who want to continue the fight for CR should consider checking out the USDR web site www.usdr.org and/or joining this organization whose primary mission is the passage of this legislation.

In a meeting with representatives from FRA and other military and veterans organizations, key staffers confirmed that longtime concurrent receipt champion Rep. Michael Bilirakis (Fla.) will immediately reintroduce concurrent receipt legislation in the 108th Congress when it convenes on 7 January 2003. The bill number will probably again be H.R. 303, and FRA salutes Honorary Shipmate Bilirakis for his tireless advocacy on this very important issue.

When the 107th Congress adjourned, every unpassed bill introduced during its tenure died. The 108th Congress then begins with a clean slate. FRA and other organizations will then work to ensure that legislation addressing issues like concurrent receipt and reform of the Survivor Benefits Plan (SBP) and the Uniformed Services Former Spouses Protection Act (USFSPA) are reintroduced.

“House and Senate Armed Services Committee leaders, fearful of a veto that could kill the whole FY2003 Defense Authorization Act, convinced the Administration to accept a reduced package focused on retirees with disabilities due to combat, combat-oriented training or certain other hazard-related circumstances. Committee leaders believe they had little choice in taking what they saw as the only possible route to any progress on concurrent receipt THIS YEAR. In essence, the deal establishes a new form of “special compensation” for certain disabled retirees who have at least 20 years of active duty or a combination of active duty time and reserve points comprising the equivalent of 20 years of full-time active duty.

Unfortunately, very few Reserve retirees qualify under this strict criterion.

The amount of the special compensation will be the full amount of retired pay forfeited due to receipt of VA compensation for a qualifying disability. Unlike the special compensation already in law (which provides \$50 to \$300 per month for certain severely disabled retirees), the new version will not be capped at a specific dollar amount, and will rise

each year as the offset rises. Unlike the current \$50 to \$300 special compensation, which requires that a qualifying disability must have occurred within 4 years after retirement, eligibility for the new version will not be restricted by any time limit. Qualifying members will be eligible to receive either the “new” or the “old” special compensation amount, whichever is higher. The effective date for the new program will be six months from the date the President signs the Defense Authorization Act into law, so the effective date should be sometime in May 2003. The six-month delay will allow the Pentagon time to determine which retirees and which disabilities qualify for the new payments and establish application procedures. The language passed by the House indicates qualifying retirees WILL HAVE TO APPLY for the new special compensation. There will be no phase-in or ramp-up period. Qualifying payments will be paid as of the effective date.

There are two sets of qualifying disabilities, one more complicated than the other. On the simple side, any qualifying retiree with a disability rating of 10% or higher that is associated with award of a Purple Heart will be eligible for the new special compensation. Under this rule, the special compensation amount will be based on the disability rating awarded for the combat wound, rather than any higher rating the retiree may have been awarded for a different reason.

The other, more complicated, eligibility rule covers retirees awarded Disability ratings of 60% or higher for other illnesses/injuries attributable to combat situations, combat-oriented training, hazardous duty, or instrumentality's of war. The legislators based these categories on the Defense Department's current definition of “combat-related” disabilities, as described in DoD Instruction 1332.38. The following is a summary of the descriptions in that Instruction, which presumably will be used to guide DOD eligibility, decisions for the new program.

- Direct result of armed conflict: including a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists.
- While engaged in hazardous service: including, but not limited to, aerial flight duty, parachute duty, demolition duty, experimental stress duty, and diving duty.
- Under conditions simulating war: resulting from military training, such as war games, practice alerts, tactical exercises, airborne operations, leadership reaction courses, grenade and live fire weapons practice, bayonet training, hand-to-hand combat training, rappelling, and negotiation of combat confidence and obstacle courses (does not include

physical training activities, such as calisthenics and jogging or formation running and supervised sports).

- Caused by instrumentality of war (incurrence during a period of war is not required): includes such causes as wounds caused by a military weapon, accidents involving a combat vehicle, injury or sickness caused by fumes, gases, or explosion of military ordinance, vehicles or material. (i.e. DOD example - an injury resulting from a fall on the deck of a ship while participating in sports would not normally be covered, since the sport activity, not the ship, caused the fall. But it would be covered if the operation of the ship caused the fall.)

Clearly, these guidelines allow for some judgment, so it's uncertain how many people may qualify. Different Hill sources have offered estimates ranging from 10,000 to 30,000 eligible retirees, with cost estimates ranging from \$4 billion to \$9 billion over 10 years. The new Defense Authorization Act specifies that the Pentagon will be responsible for applying the above criteria to determine which VA disability awards qualify for the special compensation.

In discussing the issue on the House floor, Reps. John Larson (D-CT) and Gene Taylor (D-MS) expressed their concerns about ensuring that conditions related to Agent Orange and the Gulf War Syndrome would be covered. Rep. Duncan Hunter (R-CA), who helped negotiate the provision, expressed his belief that they should be, and expressed his willingness to write a letter to that effect to the Secretary of Defense. USDR and other military organizations agree with the Armed Services Committees that the authority outlines above are preferable, by far, to the alternative of getting nothing. But it falls far short of what most believes is fair, and still leaves many, many thousands of disabled retirees having to pay for their own disability compensation. USDR and others intend to track implementation of the new plan closely to ensure the rules are interpreted reasonably, and will continue the fight to expand eligibility.

USDR as well as other military coalition members are deeply disappointed that the new proposal falls far short of the much broader provisions we have been battling for - and they fully intend to continue that fight. Sen. Bill Nelson (D-FL) gave a speech on the floor of the Senate, which condemned the limited provision. He has stated that he would re-introduce "Concurrent Receipt" at the beginning of the 108th Congress.

His entire message to the Senate can be read under USDR Media at www.usdr.org. Vets should be appreciative of those legislators who have been prominent in attempting to obtain CR during this session of congress. They are Concurrent receipt champions Rep. Mike Bilirakis (R-FL) and Sen. Harry Reid (D-NV), Senate Armed Services Committee leaders Carl Levin (D-MI) and John Warner (R-VA), House Armed Services Committee leaders Bob Stump (R-AZ), Duncan

Hunter (R-CA) and Ike Skelton (D-MO), and Reps. Jim Nussle (R-IA) and Charles Bass (R-NH) of the House Budget Committee. USDR as well as some other organizations are dropping the term Concurrent Receipt [CR] and will continue to use Restoration of Retired Pay [RRP] for all Military Disabled Retirees beginning in the 108th Congress"

[Source: Noel K. Pritzl, 1st Vice President USDR Officer
Angler88@aol.com Tel: 931-648-4292 Msg dtd 14 NOV 02]

VA Compensation Rate Tables 2003:

Basic Disability Rates - 10% -100% Combined Degree Only
(Veteran Only Rates) Monthly Rating & Percentage Benefit

10% \$104 ~ 20% \$201 ~ 30% \$310 ~40% \$445 ~ 50% \$633
~ 60% \$801 ~70% \$1,008 ~80% \$1,171 ~ 90% \$1,317
~100% \$2,193

Additional amounts payable for spouses, children and parents to veterans with ratings of more than 30% Dependency And Indemnity Compensation [DIC] For Surviving Spouses Veteran's Death Was On or After 1 January 1993: Basic Monthly Rate = \$948

Additional Allowances:

- Add \$204 if at the time of the veteran's death, the veteran was in receipt of or entitled to receive compensation for a service-connected disability rated totally disabling (including a rating based on individual unemployability) for a continuous period of at least 8 years immediately preceding death AND the surviving spouse was married to the veteran for those same 8 years (Combined amount \$1,152)
- Add \$237 per child allowance for each dependent child under age 18
- Add \$113 if the surviving spouse is entitled to Housebound Veteran's Death Was Before 1 January 1993

E-1 through E-6 \$948 ~ E-7 980 ~ E-8 1,035 ~ E-9 \$1,080

W-1 \$1,001 ~ W-2 1,042 ~ W-3 1,072 ~ W-4 \$1,134

O-1 \$1,001 ~ O-2 1,035 ~ O-3 1,107 ~ O-4 1,171 ~ O-5 1,289
~ O-6 1,453 ~ O-7 1,570 ~ O-8 1,722 ~ O-9 1,843
O-10 \$2,021

Additional Allowances:

- Add \$204 if at the time of the veteran's death, the veteran was in receipt of or entitled to receive compensation for a service-connected disability rated totally disabling (including a rating based on individual unemployability) for a continuous period of at least 8 years immediately preceding death AND the surviving spouse was married to the veteran for those same 8 years

- Add \$237 per child allowance for each dependent child under age 18
- Add \$113 if the surviving spouse is entitled to Housebound

To inquire concerning the status of compensation, DIC, pension, burial, accrued, clothing allowance, automobile, specially adapted housing, or Spina Bifida claim or to ask any general Compensation & Pension (C&P) benefit question, call the VA toll-free number 1-800-827-1000 [Source: NAUS Update for 27 November 2002]

Veteran's Advocate Referral Service:

If you received a final denial of benefits by the Board of Veterans' Appeals and need competent legal representation in an appeal to the U.S. Court of Appeals for veterans claims assistance is available from the National Organization of Veterans' Advocates, Inc. (NOVA). This a non-profit corporation of attorneys and non-attorney practitioners whose sustaining members are admitted to practice before the United States Court of Appeals for Veterans Claims. They are committed to helping veterans and surviving dependents with appeals to the U.S. Court of Appeals for Veterans Claims.

The Advocate Referral Service (ARS) is made up of sustaining members of NOVA who have met the rules and regulations mandated by NOVA's Board of Directors. The ARS will make a referral to any claimant who has received a final denial of benefits from a decision of the Board of Veterans Appeals within the last 12 months. The term "claimant" includes veterans, dependents of veterans or the surviving spouse or dependents of veterans and in certain case persons acting on behalf of the veteran. The claimant's appeal may include claims for disability benefits, death benefits, education or loan benefits, or any other benefit offered by the Department of Veterans Affairs (DVA). To receive a referral, a claimant must provide to ARS a copy of the final denial of benefits decision from Board of Veterans Appeals. ARS does not make referrals to claimants whose appeals are still pending at the administrative level. A referral by ARS does not guarantee the success of the case.

To obtain a referral mail to ARS, P.O. Box 1625, Topeka, KS, 66601-1625, a copy of the final denial of benefits decision issued by the Board of Veteran's Appeals which must be dated within the past 12 months.

Upon receipt of the decision, ARS will make a referral to an advocate admitted to the United States Court of Appeals for Veterans Claims. The referral to the advocate will include the veteran's name and a copy of the Board's decision. ARS will mail to the claimant, the name, address, and phone number of the advocate who will review the claimant's case. The claimant must thereafter contact the advocate.

ARS will provide to claimants who have not received a final denial of benefits from the Board of Veteran's Appeals a list

of advocates who are willing to discuss representation at the VA Regional Office level or at the Board of Veterans Appeals prior to a final denial of benefits. More detailed info is available at www.vetadvocates.com/ or RAO Baguio. [Source: 2 SEP 02 NOVA Newsletter]

Volunteers Encouraged to Enlist in the Military:

As part of the "National Defense Authorization Act" for 2003 funds, include a National Service Plan. This new program encourages volunteers to enlist in the military and serve 15 months on active duty, followed by either an additional active-duty period or 24 months in the Selected Reserve. If time remains on service commitments, it may be spent on active duty, in the reserves or serving in organizations such as the Peace Corps or Americorps.

Those who qualify may receive one of the following incentives: \$5,000 payable after completing the initial 15 months of active duty; repayment of student loans up to \$18,000; an education allowance at the Montgomery GI Bill monthly rate for one year; or an educational allowance of one-half the Montgomery GI Bill rate for three years.

National Guard Civil Support Teams:

"The National Defense Authorization Act" directs DoD to set up National Guard civil support teams in all states and territories. The teams provide medical and technical advice in the event of a terrorist attack involving weapons of mass destruction.

Gubernatorial Honor Bestowed:

DAV Department of Maine Commander Norman R. Michaud was appointed as the 2002-03 Aid de Camp for Maine Governor Angus S. King. As the governor's Aid de Camp will assist in gubernatorial presentations to the DAV membership of the state. Pictured with DAV Dept of Maine Commander Michaud is Major Gen. Joseph E. Tinkham III, adjutant general of the Maine National Guard, DAV Me Commander Michaud, DAV National Commander Edward R. Heath, Governor Angus S. King, and DAV Dept. of Maine Adjutant Richard "Blackie" Bechard.



Recall To Active Duty:

U.S. Army PERSCOM maintains a roster of retirees who would be willing to volunteer for recall to Active Duty. Any retiree who wishes to have his or her name placed on that list must make a personal phone call to (314) 592-0554 or 1-800-325-2660. You will have to answer some questions so that your personal information may be updated in the computer.

CW2 Carolyn K. Kroot
Deputy Director Personnel

Retiree Mobilization - Army:

The Secretary of the Army's approval is required to mobilize retirees. Sections 688 and 12301 of Title 10, U.S. Code, and Army Regulation 601-10 govern the recall and mobilization management of retired soldiers of the Army. When directed by the Secretary of the Army, retirees from any component may be mobilized and recalled to active duty. AR-PERSCOM's Retiree Mobilization is the mobilization planning and recall center for U.S. Army retirees. AR-PERSCOM maintains soldier data for all retirees in the Total Army Personnel Database Reserve (TAPDB-R) in addition to the availability of retiree's Military Personnel Records Jacket (MPRJ) maintained by the National Personnel Record Center (NRPCC). By law, retired soldiers are mobilization assets for life. Current Army policy removes you from mobilization and recall to active duty at age 60. However, volunteers may be recalled up to age 70. Retirees with critical skills may be recalled at any age.

You can volunteer for pre-assignment to specific locations, commands or agencies to fill mobilization position at partial mobilization or above.

Voluntary pre-assignments to specific mobilization positions will remain in force until your 70th birthday. The current process of pre-assignment equates to the earmarking of computer records. Retiree requirements and records are reviewed monthly and Retirees who are most recently retired (those with current skills and knowledge of Army systems and procedures) with needed grade and military skill are selected to fill the positions.

Pre-assignments are changed frequently; therefore, retirees are not notified of their change in assignment. Retiree pre-assignment or Hip Pocket orders ceased to exist in August 1996. AR-PERSCOM no longer produces paper orders unless it receives a recall to active duty. Retirees are pre-assigned to mobilization positions for recall to active duty in support of an expansion of the nation's military forces.

You can request voluntary recall for contingency operation or pre-assignment (Reservists not yet age 60 and Regular Army Retirees) in writing, by telephone or email. Your request must include your desired location, installation or major command. Contact or send your request to AR-PERSCOM, TTN: ARPC-PSP-A, 1 Reserve Way, St. Louis, MO 63132-5200 Tel: [800] 325-2660 Fax: [314] 592-0582 or Email to: mobops@arpstl.army.mil. In addition, a new self-service tool on AR-PERSCOM's My2xCitizen web site, offers an online volunteer option for interested Reserve soldiers. The Interactive Voice Response (IVR) System also enables a soldier to volunteer.

As a Retiree, you may request your name be placed on a volunteer list for recall to support contingency operations. You may volunteer for a specific contingency operation such as Bosnia, or you may volunteer for any or all contingency operations in which the Secretary of the Army authorizes the

recall of retired soldiers. When you volunteer for a specific campaign or any campaign, you will be placed on that list. If, or when Retirees are mobilized or recalled to active duty for that campaign, the volunteers will be called first. When the campaign ends, the volunteer list will be dissolved.

Retired soldiers are only mobilized for active duty to support a national emergency and the build up of forces when personnel requirements cannot be met using Active Army personnel, National Guard, or Reserve forces. Mobilized retirees are not eligible for promotion. You may be eligible for an increase in retirement pay if the time you spend on mobilization recall increases your years of service. Mobilized and recalled retired soldiers may be assigned to overseas duty. Current plans are to use retired soldiers as replacements at stateside installations, in support of base operations, and as added staff in other agencies supporting the mobilization. Army Regulation 601-10, Management and Mobilization of Retired Soldiers of the Army, provides for retirees subject to mobilization to participate in the Army Correspondence Courses Program. Retirees are entitled to take correspondence courses to maintain efficiency in their PMOS. Retirees that hold a key or emergency essential position with the federal government or a civilian contractor providing emergency essential service to the Army may be temporarily exempt from mobilization recall. The employer must submit a written request to AR-PERSCOM. This request must include the retiree's name, SSN, current address, title and grade of civilian position. Exemptions are good for one year and must be renewed.

It's the responsibility of the employer to inform this agency when the employee no longer holds a critical position.

Notify AR-PERSCOM of any changes in your health that may prevent further service on active duty. Send written verification, such as a Physician's statement, that includes the diagnosis, date of illness or injury, prognosis and expected date of recovery. You can send a Veterans Affairs (VA) form listing the conditions and percent of disability. It is your responsibility to keep AR-PERSCOM advised of changes in your status and/or records; i.e., address, telephone numbers (home and work), and medical conditions that may prevent your return to military service. [Source: www.2xcitizen.usar.army.mil 17 SEP 02]

Volunteers Wanted:

Looking to volunteer your time in a need of a crisis?

Would you like to join our FAC? What's a FAC you ask? Family Assistance Centers, of course! These FACs are not open right now, but in a mobilization they would be the hub for families to get information and services.

Demographically located in Portland, Augusta, Bangor, and Caribou, these FACs have vital missions and need volunteers who care, are trainable and available to work providing help for families in need. Don't have much time? That's okay.

Many hands lighten the load and because this could be a high stress area, we need many hands! Volunteers can be used for staffing a FAC, making phone calls from home or the FAC, helping with refreshments, etc.

If you are interested in being part of the FAC, please call me at 1-800-581-9989 or (207) 626-4410. I will fill you in on all the details!

*SFC Barbara Claudel
Family Program Office*

DOD Releases Five Project 112 SHAD Fact Sheets:

NEWS RELEASE from the United States Department of Defense

The Department of Defense today released five new detailed fact sheets on Cold War-era chemical and biological warfare tests conducted in support of Project 112. Project 112 was a comprehensive program initiated in 1962 out of concern for our nation's ability to protect and defend against these potential threats. With the publication of this information, DoD has released 45 fact sheets for 41 of 46 tests known to have been conducted by the Deseret Test Center.

The information provided today includes fact sheets about four tests. Two of those tests, Yellow Leaf and Red Oak, Phase I, were partially conducted on what were then the Panama Canal Zone and the island of Hawaii. Big Jack (Phases A and B) was conducted entirely in the Panama Canal Zone. Records indicate the fourth test, Pin Point, was conducted in a tropical jungle environment in an unspecified location. Investigators continue to seek information for this test, which used the riot-control agent CS, commonly known as tear gas. Simulants for chemical and biological warfare agents were used in all the rest of these tests, except for Red Oak, Phase I, which used the nerve agent sarin in the Hawaii trials only.

"The department has worked diligently to release the medically relevant facts about this testing to ensure that the Department of Veterans Affairs has the information it needs to respond to questions and benefit claims from veterans," said William Winkenwerder, assistant secretary of defense for health affairs.

"We're on track to meet our stated promise of having all relevant information released by spring of next year. I'm optimistic that, barring any unforeseen problems, we'll have concluded the effort far in advance of that time. We know this information is important to veterans."

Equipment and Terrain Testing

From 1962 to 1973, the Deseret Test Center, headquartered at Fort Douglas, Utah, conducted a series of chemical and biological warfare vulnerability tests in support of Project

112. The Deseret Test Center planned 134 tests with 46 confirmed to be conducted and 62 canceled. Currently, DoD investigators are searching for final reports on five tests and the status of 26 other planned tests is still under investigation. Release of the information is part of an on-going effort to provide information needed by the Department of Veterans Affairs to respond to some veterans' claims that these tests may have affected their health.

The purpose of the tests done under Project Shipboard Hazard and Defense was to identify U.S. warships' vulnerabilities to attacks with chemical or biological warfare agents and to develop procedures to respond to such attacks while maintaining a war-fighting capability. The purpose of the land-based tests was to learn more about how chemical or biological agents behave under a variety of climatic, environmental and use conditions.

Veterans' Concerns

The Department of Defense began investigating the shipboard hazard and defense tests in September 2000, after the VA asked the DoD for information needed to clarify claims information from servicemembers who believed they might have been exposed to harmful substances during their participation in tests. The VA claims experts needed to know what substances veterans may have been exposed to and who might have been exposed. DoD agreed to deliver that information when it could be found.

An investigative team located and searched classified records to identify which ships and units were involved in the tests, when the tests took place, and to what substances their crews and other personnel may have been exposed. This required declassification of test-related ship and location information, without release of information that remains classified for valid operational security reasons.

As DoD's investigators continued their examination of the facts associated with these tests, it became clear that an investigation of all the tests conducted by the Deseret Test Center was necessary. Consequently, early this year the investigation of shipboard hazard and defense tests was expanded to include all tests conducted by the Deseret Test Center.

Health and Safety

While some may be concerned about a possible connection between an exposure in the 1960s or 1970s and a later illness, DoD investigators have not identified a link to these tests and adverse health consequences. Documents show that these were comprehensive tests that carefully considered the health and safety of the personnel involved in conducting the tests and protecting the environment. The DoD investigation into Deseret Test Center tests continues, and DoD is committed to releasing as much information as possible on all tests conducted.

Veterans who believe they were involved in Deseret Test Center tests and desire medical evaluations should call the VA's Helpline at (800) 749-8387. Veterans who have DoD-related questions, who have information to contribute, or who are DoD beneficiaries and have medical concerns or questions, should call DoD's Deployment Health Support Directorate's contact center at (800) 497-6261. All Deseret Test Center fact sheets are on the DeploymentLINK Web site at http://deploymentlink.osd.mil/current_issues/shad/shad_intro.shtml

"Pyongyang's Dangerous Game"

by Timothy Savage

October 23, 2002

Copyright (c) 2002 Nautilus of America / The Nautilus Institute

I. Introduction

The following essay is by Timothy Savage, Nautilus Associate and Visiting Fellow at the Institute of Far Eastern Studies, Kyungnam University, Seoul.

Savage draws on a previous Nautilus workshop on scenarios for the future of US-North Korean relations (<http://www.nautilus.org/security/Korea/index.html>) to examine the security situation following North Korea's revelation of a clandestine uranium enrichment program. He notes that all four scenarios developed at that workshop postulated some sort of crisis with the Agreed Framework, but the outcome of the scenarios differs greatly depending on how the various countries respond. He argues that we have reached a crossroads on the Korean peninsula, and that the scenarios can provide a helpful roadmap of where the future might lead.

The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Nautilus Institute. Readers should note that Nautilus seeks a diversity of views and opinions on contentious topics in order to identify common ground.

Timothy Savage outlines 4 scenarios for the future: #1 ROKs/Japan go nuclear, #2 Sunshine policy continues and US slowly leaves Korea, #3 China/US isolate Pyongyang resulting in its implosion, and German style reunification with ROK, and #4 US acceptance of Kim Chong IL regime and the normalization of diplomatic relations resulting in increased aid and trade from the US resulting in stabilization of the Korean peninsula (comparable to Nixon's normalization of relations with Red China in 1972).

II. Essay by Timothy Savage

"Pyongyang's Dangerous Game"
By Timothy L. Savage

Nautilus Associate and Visiting Fellow, Institute for Far Eastern Studies, Seoul

With the revelations about its nuclear program, North Korea has once again demonstrated its capacity to force the United States to pay attention, thwarting any attempts to make "benign neglect" the preferred policy prescription for dealing with Pyongyang. While U.S. intelligence discoveries may have sparked the current standoff, it is unlikely that that was the Bush administration's intentions when Assistant Secretary of State James Kelly presented his evidence to DPRK officials in Pyongyang.

According to some newspaper reports, some members of the Bush administration wanted to avoid going public with the revelations, and were forced to do so only after threats of press leakage. North Korea has in the past shown a capacity to deny even the most incontrovertible evidence, consequently, North Korea's decision to own up to its clandestine activities has the markings of a strategic calculation. Whether it was a major miscalculation remains to be seen.

A few months ago, the Nautilus institute gathered together a diverse group of experts to examine the future of US-DPRK relations. Over the course of three days in two separate sessions, the participants developed four distinct scenarios for how events might play out over the next ten years. Interestingly, all four of these scenarios posited some sort of crisis in the Agreed Framework. How all the major players responded was largely determined by the way each scenario then developed. These scenarios were not meant to be predictive, so the degree to which the details of the stories we developed match the current situation is unimportant.

Nonetheless, these scenarios can help illustrate how this issue may unfold, depending on the actions taken by the countries involved.

In the first scenario, GRIDLOCK, the Agreed Framework collapses and North Korea pursues its nuclear program undeterred. Japan then follows suit, as does eventually South Korea. The Nuclear Non-Proliferation Treaty collapses as the United States decides it is in its interest to have nuclear-armed allies. The result is a new Cold War in a Northeast Asia awash in nuclear weapons.

The danger of this scenario developing cannot be easily dismissed. If either the United States or North Korea proves unwilling to negotiate to end the latter's nuclear weapons program, the Agreed Framework will collapse. Without it, North Korea can quickly un-can the stored fuel rods to begin extracting plutonium, allowing it to build up a nuclear force far more quickly than would be possible through uranium enrichment. North Korea claiming status as an acknowledged nuclear weapons state could easily sound the death knell for the Non-Proliferation Treaty, which has already been greatly weakened by the South Asian nuclear tests and Washington's retreat from disarmament.

The Japanese public, already reeling from the abduction revelations, might find a nuclear-armed Pyongyang to be the perfect cure for their own "nuclear allergy." South Korea would not want to remain as the sole non-nuclear state in Northeast Asia, and thus would be under enormous pressure to mount its own nuclear development. While China, Russia, and the European Union would resist these developments, there would be little they could do to prevent it.

In the second scenario, which we named, "GREAT LEADER III," the United States wants to end the Agreed Framework while the ROK wants to continue it. This eventually leads to a break in the alliance as Washington pursues a belligerent policy toward Pyongyang while Seoul continues down the engagement path. The end result of this scenario is a growing US disengagement from Northeast Asia while South Korea moves closer to China and North Korea. (most likely, but could change under next ROK president Lee Hoa Chang)

It is possible to see the beginnings of this scenario unfolding. South Korea has already begun to shift in a more continental direction in its economic planning, seeking to become an Asian "hub" while rebuilding its links with the Eurasian mainland by reconnecting its railroad with that of North Korea. The ROK's popular disaffection with the U.S. hardline stance on North Korea was evidenced by the protests that sprang up in response to US President George W. Bush's "axis of evil" speech and has not yet entirely abated. The revelations of North Korean cheating will certainly help the case of the critics of engagement, but a lot will depend on the outcome of the South Korean election, which is far from certain at this point. Opposition leader Lee Hoi-Chang is currently running ahead in the polls, but he has been unable to push his support above the 35 percent mark, leaving him vulnerable, especially should the other two candidates, ruling party nominee Roh Moo-hyun and Hyundai scion Chung Mong-joon, somehow agree on a merger.

In the third scenario, PHOENIX, the Agreed Framework collapses, but China prevails upon the United States not to respond militarily. Instead, the two countries cooperate to isolate North Korea economically and politically. Eventually, this forces an implosion of North Korea, leading to a German-style reunification with South Korea.

This scenario could come about if North Korea continues to prove intransigent in alleviating concerns about its nuclear weapons program. While China would certainly prefer to avoid isolating North Korea, it is also not going to be pleased with Pyongyang continuing attempts to destabilize the region with its nuclear shenanigans. If North Korea cannot be prevailed upon to straighten up and fly right, Beijing's fourth generation leadership, too young to have fought in the Korean War, may decide to cast its lot with Washington rather than continue to support such an irksome ally. Should the United States wish to pursue a policy of containment and isolation, it will need the help of both China and Russia, as it cannot close down North Korea's borders otherwise.

In the final scenario, named RAINBOW, the crisis is averted through new negotiations, resulting in US normalization of relations with North Korea, in exchange for a verifiable end to North Korea's nuclear program. The result is an overall reduction of tensions in the region and an inflow of development aid from a variety of quarters.

If the statements coming out of Pyongyang are to be believed, this scenario may be what North Korea was hoping for when it revealed the uranium enrichment program. Indeed, offers to negotiate away the weapons program in exchange for U.S. abandonment of its "hostile policy" toward Pyongyang would seem to fit in perfectly with this scenario. Such a solution will be a difficult sell in Washington, however, where any new concessions to North Korea will be seen as rewarding bad behavior. It will be up to North Korea, if it really wants to bring this scenario about, to make major progress in demonstrating its sincerity regarding its willingness to verifiably dismantle its weapons program. Should North Korea even permit the International Atomic Energy Agency to begin inspections tomorrow, it will take some time for verification to reach the point where engagement once again becomes a viable political alternative in the United States. In the meantime, North Korea will have to hope that South Korea, China, Japan, and others remain willing and able to continue with enough support to keep North Korea afloat until Washington is ready to move forward on normalization.

As I stated at the beginning of this discussion, these scenarios are not meant to be predictive, and it is entirely likely that the future will actually follow some combination of the above paths. It is clear, however, that we have reached a critical juncture for the future of the Korean Peninsula. The decisions that are made now will determine the chances for building a true and lasting peace in Northeast Asia.

The Executive Summary of the Nautilus Institute's "Scenarios for the Future of US-North Korean Relations Engagement, Containment, or Rollback?" can be found at: <http://nautilus.org/security/Korea/DPRKScenarios.html>

III. Nautilus Invites Your Responses

The Northeast Asia Peace and Security Network invites your responses to this essay. Please send responses to: napsnet@nautilus.org. Responses will be considered for redistribution to the network only if they include the author's name, affiliation, and explicit consent.

[Kindred, Barry R. SGM]

Classification: UNCLASSIFIED

DoD Looking at Changing Reserve, Active Mix

Army News Service reports that the Department of Defense is looking at changing the reserve- and active-component mix. Within the Army, the Selected Reserve elements of the Army National Guard and Army Reserve comprise 54 percent of the force, as of September, according to the

Office of the Assistant Secretary of Defense for Reserve Affairs. These units provide essential combat, combat support, and combat service support to the Army. For example, by percentage of the Army, the Reserve provides the following capabilities: chemical brigades (100 percent), water supply battalions (100 percent), public affairs (82 percent), civil affairs (97 percent), medical brigades (85 percent), psychological operations units (81 percent), engineering battalions (70 percent), and military police battalions (66 percent). Secretary of Defense Donald H. Rumsfeld said that the DoD is considering how it might migrate some active activities that are not always going to be needed into the Guard or the Reserve and vice-versa. Currently, 57,721 men and women have been called up in the National Guard and Reserve, according to Department of Defense statistics.

Korea Defense Service Medal:

The Korean Peninsula continues to be a dangerous region, even since the end of the Korean War in 1954. Therefore, the conferees authorized a Korean service medal to be issued to military personnel who served in this area between July 28, 1954 and an undetermined date in the future.

Significant Developments With The Maine Army National Guard:

- *Maine National Guard Education Assistance Program*
 - Nearly 320 students are now enrolled for the Fall semester under the Maine National Guard Education Assistance Program. Approximately \$475,000 will be spent for the Fall semester using a combination of State and Federal resources. This program continues to be a huge asset in efforts to recruit and retain members of the Maine National Guard. Recent studies show that members participating in the tuition assistance program have an annual attrition rate of less than 5%, more than three times lower than the average unit attrition rate.

11th Civil Support Team (WMD), Waterville:

- October: The Nuclear Medical Science Officer will travel to Aberdeen Proven Ground, Maryland, to assist National Guard Bureau in testing the new mobile analytical lab for the Civil Support Teams.
- *The 195th Maine Army National Guard Band*
 - The 195th Army Band has been selected as the 2002 Chamberlain Stakes Trophy recipient as the Troop Command's most outstanding unit. The competition is based on 14 evaluation criteria for which units are awarded competition points for success in these areas.

- *Reconnaissance and Interdiction Detachment:*
 - 21-22 Oct: Reconnaissance missions were flown for the U.S. Secret Service to support President Bush's visit to Bangor.
- *Replacement for the M35 A2 Duce & Half*
 - Selected units will conduct New Equipment Training during the last two weeks in October of 2002 for the new cab over design FMTV (Family Medium Tactical Vehicle) Trucks, which replaces the M35 A2 2 ½ Ton Truck. The course will be a combination of classroom instruction and hands-on training. The 112th Med Co and 1-152d FA are the first two units scheduled for fielding this new equipment in the State of Maine.
- *Monument At Martin's Point Near Completion:*
 - Company B of the 133d Engineer Battalion finalizes the Maine Sea Services Memorial Project in Portland. This project consists of a concrete slab expansion to the existing monument there at Martin's Point in Portland.
- *Korean War Memorial March*
 - Troop Command Headquarters will organize and participate in the Korean War Memorial March to commemorate the 50th Anniversary of the end of the war. The march is lead by 1SG (RET) Bob McThomas, a veteran of the war. The march will span 106 miles in four days from the Korean War Memorial, Bangor, to the VA Hospital, Togus.
- *Battle Staff Military Operations and Planning Center*
 - Troop Command Headquarters has completed the organization of the Battle Staff Military Operations and Planning Center. The Headquarters now has dedicated, secure space to conduct the Military Decision Making Process for the purpose of producing plans and conducting Brigade Level Homeland Security and State Emergency Support Operations.
- *Headquarters, 1st Battalion, 152nd Field Artillery, Caribou:*
 - 07-15 Nov: 1st Battalion, 152nd Field Artillery will send soldiers to Fort Drum, New York, to support the 10th Mountain Division Artillery's exercise THUNDER SUMMIT, which is a technical Field Artillery Command Post Exercise (CPX). This exercise will prepare soldiers for the Division's Warfighter Exercise this spring.

- *Company E, 120th AVNATS, Bangor:*
 - Company E, 120th Aviation from Bangor, has nine soldiers deployed to Bosnia in support of Operation Joint Forge.

With the assistance of the Deputy Chief of Staff for Information Management, the families of Echo Company, 120th AV will be able to talk by Video/Teleconference with their soldiers while they serve in Tuzla, Bosnia, on SFOR12. The first test was successfully completed last week and unit personnel are establishing a schedule for weekly family conferences.

Social Security Increase 2003:



The 46 million Social Security recipients will get a COLA 1.4 percent increase that amounts to \$13 a month more for the typical retiree. About one-third of that will be eaten up by an increase in monthly Medicare premiums. The increase, which also will go to 7 million recipients of Supplemental Security Income, the government's cash assistance program for the poor. This is the smallest increase since a 1.3 percent rise in 1999. The average monthly SS check for individual retirees will rise to \$895 starting in January from the current \$882. The average retired couple will see monthly checks go to \$1,483 from \$1,463, an increase of \$20. Social Security also announced that for working Americans, the maximum annual earnings subject to Social Security taxes next year will rise to \$87,000 from \$84,900 currently. This change will affect about 9.7 million of the 155 million workers paying Social Security taxes.

As a result of the increase the maximum yearly Social Security tax paid by employees and employers will increase by \$130.20 each for a total of \$5394.00. For self-employed workers, it will rise by \$260.40. Information about Medicare changes for 2003 can be found at the web site for the Department of Health and Human Services www.hhs.gov. [Source: Associated Press Oct. 19, 2002]

SSA Full Retirement Age Increase 2003:

Starting in January, individuals born in 1938 and afterward will have to work additional months before reaching the full Social Security retirement age. Those people born in 1937 and prior years reached full retirement age upon attaining their 65th birthday.

Social Security eligibles born in 1938 reach 65 in 2003, but must go an additional two months for full retirement. Those born in 1939 will have to wait until they are 65 four months, and the age will keep going up until it reaches 67 for full retirement for those born in 1960 and later. A full chart at <http://www.ssa.gov/retirechartred.htm> is available for viewing. The only exception to the rule is that those born on Jan. 1 go by the requirements of the previous year.

Even with the full retirement age increasing, eligible people can still retire as early as age 62, but with reduced payments. There is both a major disadvantage and a big advantage to taking the benefit before reaching full retirement age. The advantage is that you collect benefits for a longer period of time. The disadvantage is that the benefit is permanently reduced.

Since it's different for each person, those thinking retirement should be sure to contact Social Security before a decision is made. Also, officials point out that many people equate full Social Security retirement age with Medicare and remind them that they are not the same. Although the Social Security full retirement age is going up, it does not hold true for the Medicare age. The Medicare age will remain 65, so those workers who elect to wait for the full 100 percent Social Security payment will still have to enroll in Medicare Part B during the open enrollment period around their 65th birthday. That period includes the three months prior to the birth month, the birth month and three months following the birth month. A method of payment must be arranged to pay the premiums before Social Security retirement benefits start and the premium can be automatically deducted.

Failing to enroll during the seven-month period will require the retiree to wait until the following open enrollment period of Jan. 1 - March 31 of each year, with coverage starting July 1. Each year's delay adds 10 percent penalty to the premium cost.

Lower Reserve Retirement Age Gets Damper:

Thomas F. Hall, the new assistant defense secretary for reserve affairs, says that lowering the start of reserve retirement pay from 60 to 55 might mean robbing Peter to pay Paul. Costs, he said, which would be \$200 million the first year and would climb steadily afterwards, would have to be borne at the expense of other entitlements and benefits, and equipment in the budget. Defense secretary Donald Rumsfeld also has expressed reservations about lowering the retirement pay age to 55. DoD has included the issue as part of an ongoing study to be reported to Congress next year. Steve Strobridge of The Retired Officers Association said, "Now that Reserves play a much bigger operational role, this should be part of a major review and overhaul of compensation and retirement of Reserve forces in conjunction with the active forces." For more on Reserve retirement, see http://www.military.com/Resources/ResourceFileView?file=Reserve_Retirement.htm

Class Action Suit Takes a Hit:

On Nov. 18, the U.S. Court of Appeals for the Federal Circuit in Washington, D.C., ruled against a class action lawsuit on behalf of certain military retirees by a count of nine to four. The suit, filed in 1996 by retired Air Force Medal-of-Honor recipient, Col. Bud Day, alleges that the government reneged

on a lifetime contract when a 1956 law was passed that changed "hospital space shall be made available" to "may be made available." The suit seeks to restore free health care for military retirees 65 and older who were on active duty before the law was passed, and their dependents. It also requests reimbursement of money that has been withheld from Social Security pay to finance Medicare Part B, as well as relief from future Medicare deductions. Day has stated previously that, if turned down by the appeals court, he will seek a hearing from the U.S. Supreme Court.

Theft of TRICARE Personal Information Announced:

The Department of Defense (DoD) has announced a computer theft of the personal information of TRICARE beneficiaries serviced by the TRICARE Central Region health contractor, TriWest Healthcare Alliance Corp., headquartered in Phoenix Arizona. The computer files were stolen on December 14, 2002. On December 23, DoD requested TROA and other military service organizations to alert their members of this incident.

The theft involves the personal identification information of an unknown number of active duty and retiree TRICARE Prime enrollees. There is no indication that other regions in the TRICARE system have been compromised. The Defense Criminal Investigative Service and the FBI are investigating the crime.

TriWest has indicated it will be contacting its TRICARE Prime enrollees to advise them that, "Although we do not know the intent of the crime or if any of the information will ever be accessed or misused, we want to advise you that the theft of your personal information, to include your Social Security Account Number (SSAN), may potentially place you at risk for identity theft." DoD has ordered other TRICARE contractors to assess their own security measures, in the hope of preventing future thefts.

The DoD TRICARE Management Authority issued a news release on the incident on 23 December:
<http://tricare.osd.mil/newsreleases/2002/news0236.htm> The release contains an email address, computertheft@triwest.com, and a toll-free number for potentially affected beneficiaries in the TRICARE Central Region to contact: 1-888-339-9378.

The TRICARE Central Region includes the states of Colorado, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, Wyoming, Arizona, New Mexico, Nevada, and extreme west Texas. A map of the TRICARE Central Region can be found at <http://www.tricare.osd.mil/beneficiary/>.

The Federal Trade Commission Web site offers valuable information to help citizens confronted with identity theft: <http://www.consumer.gov/idtheft/>.

TROA is deeply troubled by this serious breach of personal information security.

Identity theft is a serious crime. We will closely monitor the TRICARE Management Authority's follow-up on this very unfortunate situation. The Defense Criminal Investigative Service, FBI and other law enforcement agencies must do all they can to prevent the unauthorized use of the stolen information and ensure that security measures are strengthened to preclude a similar event in the TRICARE Central Region or elsewhere in the TRICARE system.

Update to the Theft of TRICARE Personal Information:

In its continued response to the criminal theft of computer equipment and personal identification information contained on some of this equipment, the Department of Defense announced today additional steps to enhance patient protection from unauthorized access to or criminal use of sensitive personal information.

Dr. William Winkenwerder, Jr., assistant secretary of defense for health affairs, stated that "Trust remains the bedrock of a successful doctor-patient relationship and the expectations that our service members, retirees and families rightly have," Winkenwerder stated. "Electronic sharing of health care information provides great advances in patient safety, in reduced errors in claims processing, and in improved customer service. But, there are risks in electronic communications that must be identified and measures implemented to prevent or manage those risks.

"Working with our contractor, TriWest, I am pleased to report that we have initiated contact with all 562,000 beneficiaries who had their personal information stolen. These efforts to quickly identify and inform beneficiaries should help deter or prevent identify theft crimes."

Winkenwerder cited a number of steps taken to inform and help beneficiaries protect themselves from criminal use of their personal information.

- o All 562,000 military beneficiaries whose information was contained on the computer files have been notified by mail of the theft by December 31, 2002, and informed of the actions they should take to protect themselves from identify theft or other misuse of their personal information.

- o Fewer than 25 persons also may have had personal credit card information compromised. Each of these individuals has been contacted by phone and informed of the incident and proper actions to take in response.

- o Every TRICARE contractor worldwide has been notified of the theft, and directed by DoD to conduct an assessment of information security procedures. DoD will evaluate each assessment with its contractors.

o The criminal investigation remains active, led by the Defense Criminal Investigative Service and supported by the US Attorney in Phoenix, the Federal Bureau of Investigation, and other law enforcement agencies. A \$100,000 reward has been posted by TriWest for information leading to the arrest and successful prosecution of the perpetrators and return of the stolen items.

Winkenwerder stated that he has focused efforts on heightening information security throughout the health care system. "Although this incident has raised patient concerns about the security of their military medical records, there is no connection with this criminal theft and the military's computerized health care records" Winkenwerder reported.

"Our new health records system, known as CHCS-II, has security built into the basic design, and security is continually reassessed. Cutting edge data encryption and a high level of physical protection at a secure government location provide a solid security framework to that program. Nonetheless, we are taking additional steps to heighten information security throughout our health care system."

These steps include:

o A world-wide health care information security assessment will be conducted at every military treatment facility and contractor location to review existing procedures and to ensure physical security of sensitive information.

o A health information security task force comprised of DoD and Service medical leaders and information system experts will assemble next week, consult with TRICARE contractor representatives, and recommend any additional requirements for information security.

o New health information systems to be introduced in the coming months will be compliant with or exceed the Health Insurance Portability and Accountability Act (HIPAA) legal requirements for protection of patient information.

"I am confident that the steps we have taken and will take in the coming weeks and months, will provide an exceptional level of security and protection of personal and medical information for those served by the Military Health System."

=====

SOURCE: TRICARE Web Site at <http://www.tricare.osd.mil>

DFAS 1099R for 2002:

The 2002 1099R tax forms for all Department of Defense military retirees and annuitants will be mailed by Jan. 15, 2003 to the home addresses on file with the Defense Finance and Accounting Service. Former spouses who receive pay as a result of a court ordered division of community property will also receive 1099Rs. Retirees and



annuitants, who do not receive a 1099R by 31 JAN 2003 or have questions about their 1099R forms, should call 1 (800) 321-1080 or (216) 522-5955. When calling to request a reissue of the 2002 1099R, press "1" when prompted and the call will be forwarded to the next available Customer Service Representative. Customer service representatives are available Monday through Friday, from 7 a.m. to 7:30 p.m. EST (except federal holidays). Paydays, or the first business day of each month, are the busiest days. Mondays are also characteristically busy. Beginning Jan. 11 until Feb. 15, Saturday service will be available from 7 a.m. - 3:30 p.m. EST. Callers should expect to receive the reissued 1099R approximately seven business days after the initial request. Requesters may also write following addresses for service and are reminded to always include their Social Security number and signature in all correspondence.

Retirees DFAS, U.S. Military Retired Pay, P.O. Box 7130, London, KY 40742-7130

Fax: 1 (800) 469-6559

Annuitants: DFAS, U.S. Military Annuitant Pay, P.O. Box 7131, London, KY 40742-7131

Fax: 1 (800) 982-8459

There are several ways to update addresses to ensure delivery of 2002 1099R, Retired Account and Annuitant Account Statement:

~ Log onto www.dfas.mil and click on "Contact DFAS." Scroll down the page to the appropriate title, i.e., Retiree Pay or Annuitant Pay. For Annuitants, simply complete the form and send. For Retirees, scroll down and click on questions or comments regarding retired pay. Select "Military Retiree," then fill out the data fields. After you have completed your inquiry, click "Submit" at the bottom of the page. Email inquiries will be answered in five to seven business days.

~ Use the Employee/Member Self Service (E/MSS) at <http://emss.dfas.mil>.

~ Call 1-800-321-1080.

~ Send a letter or fax to the address listed above.

The amount withheld for state taxes does not automatically change when an address update is submitted. A letter requesting to change your state taxes is required. Include your Social Security number, printed name and signature. The monthly amount deducted for state taxes must be in whole dollars (no cents) and a minimum of \$10.

Federal tax exemption does not automatically carry over into the next tax year. IRS regulations stipulate that a new W-4 must be completed before Feb. 15 each year to maintain exempt status. To have a W-4 processed before that cutoff date, submit a completed W-4 form after Jan. 1, 2003 but before Feb. 10, 2003 to the address or fax number listed above.

If your marital status has changed due to marriage, divorce, or death, your Survivor Benefit Plan [SBP] election may need to be updated. Send a copy of the marriage certificate, divorce decree, or death certificate along with a brief letter to update your SBP election. Include your Social Security number and signature. Submit your request to the address or fax number listed above.

Retirees should note that changing an SBP election does not automatically change beneficiary information for arrears of pay [AOP]. The arrears of pay are any unpaid monies due the retiree up to the date of death. Complete a Change of Beneficiary form to update your AOP beneficiary(ies). You may request these forms by contacting the Retired and Annuity Pay Contact Center at the phone number listed above.

MyPay To Offer Service Members W2s In January:

Military service members, military retirees and annuitants will have their account statements and tax information online due to some of the new capabilities of the Defense Finance and Accounting Service's myPay system.

MyPay is the secure, online system that helps military service members, Department of Defense civilians and military retirees and annuitants take control over their pay. New features include:

- Military active duty and reserves can view and print their current year W-2, plus up to four year's prior W-2s (available in January 2003).
- Retirees can view and print their Retiree Account Statement.
- Annuitants can view and print their Annuitant Account Statement, view and print their 1099R tax statement, view and print their 1042S tax statement, print and submit a copy of the report of existence, and print and submit a copy of the certificate of eligibility form.

Additionally, myPay users can:

- View, print and save leave and earnings statements
- View and print tax statements
- Change federal and state tax withholdings
- Update bank account and electronic funds transfer information
- Manage allotments
- Edit address information
- Purchase U.S. Savings Bonds

- Control Thrift Savings Plan enrollment (military only)
- View and print travel vouchers

(Features vary by individual's service and status)

The myPay system provides customers with information around the clock. It is secure, using Social Security numbers and Personal Identification Numbers to safeguard information. By turning off their printed leave and earnings statements and only receiving them online, DoD civilians could help the agency save more than \$6 million annually, states DFAS.

Members of the Armed Forces, DoD civilian employees, military retirees and annuitants should use their Social Security numbers and PINs to log on the system at <https://mypay.dfas.mil> (the old E/MSS PIN also works.)

Customers needing new PINs can click on "How Do I Get A New PIN?" in the Frequently Asked Questions section of the website.

Pentagon Begins Vaccinations Against Smallpox Virus:

American Forces Press Service reports that the DoD has begun mandatory smallpox vaccinations of military personnel. Dr. William Winkenwerder, assistant secretary of defense for health affairs, said the process would continue "over the next weeks and months." He said DoD is concentrating initial immunizations on units with "high priority." He said National Guard and Reserve units would be added in the near future. Mass smallpox vaccinations of service members come amid growing White House and Pentagon concerns about bio- terrorist attack threats that U.S. and allied forces would face if Iraq or any enemy has a store of smallpox virus. Although Winkenwerder would not confirm any specific threat against U.S. military personnel, he did say the services need to be prepared now. Smallpox is a highly contagious and sometimes fatal disease for which there is no specific treatment. The disease kills about 30 percent of all people infected, according to the CDC. Currently, the only preventive measure against the disease is the smallpox vaccine. For more on bio-chem threats, see http://www.military.com/Content/MoreContent1/?file=BC_in dex

Multiple Sclerosis:

Multiple Sclerosis (MS) is a chronic disease of the brain and spinal cord. The illness is thought to result from an autoimmune attack on the central nervous system focused on myelin, which is a protective coating on nerves. The symptoms of MS are highly variable, depending on the areas of the central nervous system that have been affected. Initial symptoms most often include difficulty in walking, abnormal sensations such as numbness, and visual problems due to

optic neuritis, and inflammation of the optic nerve. There is no cure for this disease, although drugs can help slow the course of the disease or symptoms in some patients. Approximately 350,000 Americans have MS, and about 200 new cases are diagnosed each week, according to the National Multiple Sclerosis Society. VA medical centers treat at least 22,000 patients each year who have MS. More than 11,193 veterans receive disability compensation for the illness.

Recent research advances by VA investigators in Seattle and Portland include the development of a TCR peptide vaccination for MS and the NIH funded trial of interferon-beta-1a for relapsing MS that ultimately led to the FDA licensing of Avonex. Research investigators in Seattle and Portland continue to work with the MS Research and Training Center at the University of Washington. The MS center at the Baltimore VAMC has played a major role in the development of new disease modifying treatments for MS. The center participated in trials of interferons and glatiramer acetate that are now approved treatments for MS. The Baltimore center has been in the forefront in the use of potassium channel blockers as symptomatic therapies for MS. In the application of new technologies to rehabilitation, the center has been a pioneer developing a program that is applying advances in gait training and maintenance therapy to MS patients.

To qualify for VA disability compensation for MS, a veteran must have a current diagnosis of the disease and there must be evidence that it developed in service or to a compensable degree within seven years following separation from active duty. To receive health care, veterans generally must be enrolled with VA. Veterans with MS are eligible for VA health care and are exempt from co-payment requirements for hospital and outpatient medical services if they are receiving compensation for any service-connected disability, receiving care for a service-connected disability or if their income is at or below the congressionally established income limits. These veterans may be subject to co-payments for medication. Exempted from medication co-payments are veterans whose service-connected conditions are 50 percent or greater, whose medication is for the service-condition or whose income is at or below the pension threshold. All veterans are eligible to enroll for VA health care. Veterans can obtain information on enrollment by calling 1-877-222-8387.[Source: NAUS Update for 13 December 2002]

Foodborne Disease Caused by Campylobacter

Campylobacter? Is this something new?

No, but Campylobacter's importance as a foodborne pathogen was not recognized until recently. In October 1995, five sentinel sites* were established across the nation as a joint project of the US Department of Agriculture, the Food and Drug Administration and the Centers for Disease Control. These sites monitored all cases of foodborne disease and identified the causative agents using laboratory methods. Data

from the five sites indicates that 45% of all diarrheal cases are caused by bacteria named Campylobacter.

Campylobacter causes more foodborne disease than Salmonella or E.coli?

Astonishingly, it now appears that Campylobacter causes almost as much foodborne disease as all remaining bacterial pathogens (including Salmonella, E.coli, Shigella, Listeria, and many others) combined. While Campylobacteriosis is usually less severe than the more virulent pathogens, its prevalence warrants specific consideration for control measures.

How can so much foodborne disease be caused by an organism that is virtually unknown?

Campylobacter is difficult to isolate and identify in the laboratory. The routine microbiological recovery methods used for other pathogens do not allow Campylobacter to grow. Highly specialized tests must be used. In the past, these specialized tests were seldom performed because Campylobacter wasn't considered to be an important cause of disease. But when scientists began screening for Campylobacter at the five sentinel sites, its prevalence was surprisingly high.

Analogous studies in Australia provided similar findings, so Campylobacter may well be the most widespread foodborne pathogen in the world.

What are the symptoms of Campylobacter infection?

Illness usually develops two to five days after eating contaminated food. This lag between initial infection and onset of symptoms - the incubation period - often makes identification of the source difficult. Approximately one third of cases occur in young children under five years of age.

Symptoms are diarrhea, abdominal pain, vomiting, nausea and fever. Medical treatment should be sought if these symptoms occur. The disease usually is self-limiting within five days, but may persist longer.

How does Campylobacter infection occur?

Raw poultry and other raw meats are the biggest problems. Some scientists estimate that Campylobacter may be present on 100% of raw retail chickens. Although these bacteria are destroyed by cooking, cross-contamination may occur from food contact surfaces or from a food worker's hands.

Infection can also occur from drinking unpasteurized milk or untreated water, or from contact with animals. Direct fecal-to-mouth transmission may occur among young children who interact closely at places such as playgrounds or child development centers.

How can Campylobacter foodborne disease be prevented?

By using the same good sanitation practices that you should use to Salmonella and other foodborne infections. Avoid

cross-contamination between raw meat or poultry and ready-to-eat foods, beginning from the moment that you select these items from the display case at the meat department. Wrap fresh meat or poultry in plastic bags to prevent juices from contaminating other food products. Once home, store them in the refrigerator in a manner that precludes dripping onto other foods.

When preparing meals, wash your hands before handling food and after touching raw meat or poultry. Clean and sanitize all food contact surfaces (cutting boards, counter tops, utensils) after using them. Cook meat and poultry dishes thoroughly. Defrost frozen food in the refrigerator or microwave oven, not on a counter top at room temperature. Never drink unpasteurized milk or untreated water.

Be especially careful with young children. Don't allow them to eat or handle raw or undercooked meats. Wash their hands after touching animals and after going to the toilet.

And wash your hands after changing diapers.

**California, Connecticut, Georgia, Minnesota, and Oregon.*

Four Steps to Food Safety

Protect your family from food-borne illnesses by following these four simple steps:

Clean: Clean all the food storage and preparation areas of your kitchen, including the refrigerator, on a routine basis. Hot soapy water is adequate in most cases because it removes dirt and most of the germs.

Separate: Cross-contamination is the transfer of harmful bacteria from one food to other foods, cutting boards and utensils. When handling raw meat, poultry and seafood, it is especially important to keep these foods and their juices away from already cooked or ready-to-eat foods and fresh produce.

Cook: Meat and poultry require various degrees of "doneness" to render harmless any bacteria present. A food thermometer is the only way to be totally sure the appropriate internal temperature has been reached, generally 165 F for poultry and 155 F for red meat like hamburger and steak.

Chill: When shopping, your chilled and frozen selections should go into the shopping cart last – right before you head to the check-out lane. These same products are the first ones you should put away once you've reached home. Consider using cold packs or a cooler if the store is a great distance from home.

Online Exhibit Pays Tribute to Baseball During World War II:

Baseball Enlists, an online exhibit that pays tribute to the efforts of baseball and its players during World War II, is accessible at the Website for the National Baseball Hall of Fame and Museum, baseballhalloffame.org. Written by the

curatorial staff and developed by the web team of the Museum, Baseball Enlists features images of more than 100 artifacts from the World War II era, such as the famous "Green Light Letter," authored by President Franklin Roosevelt in 1942, urging baseball to continue forward despite the war, a military ID card that belonged to Hall of Fame member Hank Greenberg, and a plethora of pictorials and printed materials used in baseball during the war era.

Divided into such segments as "War Threatens Baseball," "Baseballs Like Concrete," "The Uncertainty of Peace" and "One Man's War," Baseball Enlists commemorates baseball's contributions to the war, both at home and overseas, through artifacts and. Baseball Enlists can be accessed at <http://baseballhalloffame.org/> by clicking the Exhibits link on the home page. The National Baseball Hall of Fame and Museum is also participating in the 2002 Combined Federal Campaign. Contributions to the National Baseball Hall of Fame and Museum can be designated by listing campaign ID # 9862 on your CFC form or by making an online contribution at

<http://www.charitablechoices.org/charities/NatBaseHoFMus/>

****TRIVIA QUESTIONS****

What famous actor was spinning records at the age of 7 in a New York radio station, served in World War II spending 16 years in the Army, ending his career in the military with a back injury in the late 50's and pursuing a successful career in acting?

- *Appropriately first made his name with a role as a military advisor on the [Sergeant Bilko](#) TV series.*
- *On other TV series starred on [Sarge](#) and [The Blue Knight](#).*
- *In the film arena just to mention a few: [Straitjacket](#), [Cool Hand Luke](#), [Airport](#) and [The Naked Gun](#)*

(Answer on page 30)

****FEEDBACK****

Let us know what you think of the newsletter. We value your opinion and will publish your comments (without name unless advised otherwise). We also solicit your thoughts on other information provided.

Thanks to all that have given me feed back and responded to the survey that was included in the last issue of the newsletter. As a result, this newsletter includes some suggestions that were giving to me. This is your newsletter, and if you would like to have something noted please get back to me at 626-4380 or e-mail me Dean.Soule@me.ngb.army.mil

****Retiree E-Mail Addresses****



Listed below are e-mail addresses of some of our retirees. This is a way of keeping in touch, providing upcoming events and news of interest between regular issues of the newsletters. If you would like to have your e-mail address included in this list, e-mail me at Dean.Soule@me.ngb.army.mil

If you change your e-mail address you will need to provide me with the change. An incorrect e-mail address can affect my distribution group for sending out e-mails.

Adams, Earl, MG – adams_earl@msn.com
 Amoroso, Francis (Frank) J, COL – colonelandbetty@nlis.net
 Atkins Ernest D. Jr, SGM. – MILRETSFGM@aol.com
 Barron, Mike, SSG – mal1fcs@msn.com
 Barry, Bruce M., LTC – barrybm@msn.com
 Beaulé, Donald, SFC – gnfshng437@aol.com
 Bennett, Eldon A., SFC – elben@mfx.net
 Benson, Donald, 1SG – benson@gwi.net
 Blaine, Bill, blainewh@rcas.ngb.army.mil
 Blair, David, COL – dhblair@airolink.net
 Braley, Gary, CW4 – gabraley@midmaine.com
 Burnett, Mark, MSG – mapo57@aol.com
 Burr, Kenneth G., CW3 – kensalburr@cybertours.com
 Cannon, John M. 1SG – shermanmaine@yahoo.com
 Cleaves, Arthur, COL – Arthur.Cleaves@me.ngb.army.mil
 Clements, Erwin F., LTC – colclements@msn.com
 Crochere, Norman W., SFC – ncpop1956@aol.com
 Danforth, Willie, SSG – willdol@megalink.net
 Dubord, Rosaire, SFC – shortcutgd24@aol.com
 Duffy, Dick, COL – mengcold1@aol.com
 Freeman, David, 1SG – dfreeman@maine.rr.com
 Gammon, Edgar E., LTC – genega@aol.com
 Gilbert, Richard, SFC – snowbrd1@megalink.net
 Gray, Leslie, 1SG – bassgray@aol.com
 Grass, Nathan, BG – ngrass@maine.rr.com
 Gravelle, Raymond, SFC – gravelle2ray@aol.com
 Haley, Dan, COL – dan@haleyins.com
 Higgins, Robert F., SGM – sgtbob@tdstelme.net
 Howland, Peter, SFC – howlands@worldpath.net
 Jandreau, Lincoln, SSG – fkbarbershop@hotmail.com
 Joy, John F., LTC – jsjoy@adelphia.net
 Knight, Richmond, LTC – captmidnight@aol.com
 Laflin, Donald, COL – dbll@megalink.net
 Laflin, James, LTC – james.laflin@state.me.us
 Leach, Bill, SGT – LEACH550@aol.com
 Michaud, Joel, LTC – michaudj1@aol.com
 Mullett, Alan, CW4 – allinmulet@gwi.net
 Musk, Gautrey, COL – gmusk@gwi.net
 Nichols, Donald E., BG – den7107_2001@yahoo.com
 Norton John L. Jr. SFC – john.l.norton@verizon.net
 Owen, Gary, SFC – gsowen@dialmaine.com
 Parker, Leverette J., SSG – CAMERLOT@webtv.net
 Pelletier, Donald, 1SG – hernelle@sjv.net
 Preble, David, SGT – Preble@adelphia.net
 John Rioux, MAJ – johnrio@midmaine.com
 Soucy, Gerald, SFC – angela@nci1.net
 Soule, Dean, SFC – deanovet@gwi.net
Dean.Soule@me.ngb.army.mil

Soule, Richard, MSG – dsoule@clinc.net
 Sowers, Dave, MAJ – dave@supt.sad1.k12.me.us
 Taylor, Paul N., SFC – pollentailor@yahoo.com
 Taylor, Scott, LTC – Taylorst@aol.com
 Tibbs, Dan, SFC – Daniel.Tibbs@me.ngb.army.mil
 Toppan, Willington, COL – clough.toppan@state.me.us
 Wardwell, Joel, SFC – JDWardwell@laneconstruct.com
 West, Richard, MAJ – major063@aol.com
 White, Albert, BG – ajwhite@gwi.net
 Whitney, Edwin, BG – ewhitney@maine.rr.com
 Wickham, Arthur, COL – arthurwickham1@aol.com



The intent of the Retiree Council and the Retiree Newsletter is to keep the retirees informed and maintain comradery.

We are now up to 1,174 members strong.

Dean A. Soule

****RETIREE COUNCIL MEMBERS****

Albert White, Jr.	Chairman
Robert Weymouth	Vice Chairman
Dean Soule	Secretary/Editor of Retiree Newsletter
James Laflin	Chairman Retiree List
Martin Asdourian	
David Blair	
Jeanne Clements	
Edward Davis	
Nathan Grass	
Clifton Johnson	
Donald Laflin	
Mac McClintock	
Gautrey Musk	
Stanley Sargent	
Romain Savoie	
David Shorey	
Douglas Welsh, Jr.	

****ANSWERS TO TRIVIA****

George Kennedy

Born into a show business family, [George Kennedy](#) made his stage debut at the age of two in a touring company of Bringing up Father. By the time he was seven, he was spinning records on a New York radio station. Kennedy' show business inclinations were put aside when he developed a taste for the rigors of military life during World War II, and he wound up spending 16 years in the army. His military career ended and his acting career began when a back injury in the late 1950s inspired him to seek out another line of work.



Appropriately enough, given his background, Kennedy first made his name with a role as a military advisor on the [Sergeant Bilko](#) TV series. In films from 1961, the burly, 6'4" actor usually played heavies, both figuratively and literally; quite often, as in [Charade](#) (1963) and [Straitjacket](#) (1964), his unsavory screen characters were bumped off sometime during the fourth reel. One of his friendlier roles was as a compassionate Union officer in [Shenandoah](#) (1965), an assignment he was to treasure because it gave him a chance to work with one of his idols, [Jimmy Stewart](#).

Kennedy moved up to the big leagues with his Academy Award win for his portrayal of Dragline in [Cool Hand Luke](#) (1967). An above-the-title star from then on, Kennedy has been associated with many a box-office hit, notably all four [Airport](#) films. Unlike many major actors, he has displayed a willingness to spoof his established screen image, as demonstrated by his portrayal of Ed Hocken in the popular Naked Gun series. On TV, Kennedy has starred in the weekly series [Sarge](#) (1971) and [The Blue Knight](#) (1978), and was seen as President Warren G. Harding in the 1979 miniseries [Backstairs at the White House](#). During the mid '90s, he became known as a persuasive commercial spokesman in a series of breath-freshener advertisements. In 1997, he provided the voice for L.B. Mammoth in the animated musical [Cats Don't Dance](#), and the following year again displayed his vocal talents as one of the titular toys-gone-bad in [Small Soldiers](#). ~ Hal Erickson, All Movie Guide

CASUALTY ASSISTANCE CHECKLIST

(to be completed by retirees and spouses and kept in your files for your survivors to use)

Name:

Social Security Number:

Date of Birth:

Place of Birth:

Date of Retirement:

Retired grade/rank:

Enrolled in RSFPP, SBP, SSBP (circle all that apply)

Did you disenroll from this plan? Yes No (circle one)

VA Claim #:

Eligible to draw VA disability compensation (even if not in receipt now): Yes No (circle one)

Receiving Social Security: Yes No (circle one) If yes, age at which first received:

Organ donor: Yes No (circle one)

Is there a living will?

SPOUSE INFORMATION

Name:

Date of birth:

SSN:

MARRIAGE INFORMATION

Date of Marriage:

Place of Marriage (City, State, Country):

CHILDREN INFORMATION

Name Birthdate Address

Incapable of self-support?

INSURANCE POLICIES

Policy # Company Amount (include "as of" date) Beneficiary Agent phone #

INVESTMENTS

Type (IRA, CD, Mutual Fund) Company Amount (include "as of" date) Agent phone #

BANK ACCOUNTS

Bank Name Phone # Type of Acct Amount (include "as of" date) Account #
(check. or sav.)

CREDITORS

Name & Address Phone # Account # Balance Due (include "as of" date) Life insurance?

BURIAL INFORMATION

Who should be notified of your death:

Name	Relationship	Address	Phone #
------	--------------	---------	---------

Do you want to be (circle one): Buried Cremated?

Name of cemetery where you want to be buried:

Do you want to be buried in your uniform? YES NO

Do you want a memorial service? YES NO If yes, where?

Have you purchased a burial plot? YES NO If yes, where?

Do you have a preference of funeral home? YES NO If yes, which one?

Do you want a military honor guard? YES NO

LOCATION OF DOCUMENTS

DOCUMENT

WHERE LOCATED

Living Will

Current Retired Pay Statement

Marriage Certificate (s)

Divorce Decree(s)/property settlement(s)

(from previous marriages of
retiree or spouse)

Death certificate(s) (from previous marriages of retiree or spouse)	_____
Birth certificates/adoption papers (retiree, spouse, children)	_____
DD Form(s) 214 (Active Duty Discharge Record) (for all periods)	_____
Retirement Orders	_____
Safe-Deposit Box	_____
List Contents	_____
Will	_____
Vehicle Registration	_____
Vehicle Title	_____
Insurance policies	_____
Investment papers (CDs, Mutual Funds, IRA, other)	_____

Burial plot information	_____
Uniform for burial	_____
Medical and dental records	_____
Real Estate deeds	_____
Tax returns	_____

PHONE NUMBERS

Casualty Assistance Office (immediate assistance upon retiree's death) call 1-800-626-3317 or, from overseas, call collect 0-(703) 325-7990



VETERANS' CORNER

January 2003

*By Roland M. Lapointe
Director, Veterans' Services*

For me, this has been an exceptionally rewarding first year as Director, Bureau of Veterans' Services. Recognizing that the Maine Army National Guard retirees represent an important slice of the clients we serve, I thought it appropriate to provide some insights into some of the more significant aspects of our programs as well as some of the more significant initiatives that the Bureau is involved in.



Veterans Dependents Educational Benefits Program		
<u>Data by Fiscal Years</u>	<u>FY01</u>	<u>FY02</u>
Student Enrollment	510	538
Tuition \$ Waived at State University System, Technical Colleges & Maine Maritime Academy	\$721,793.00	\$740,199.00

FIRST, A LOOK BACK AT THE MAINE BIENNIUM 2001 – 2002 -

Veterans' Services Programs

Data from the State biennium that ended in June of 2002 shows that the services provided by the Bureau of Veterans' Services continues to remain relevant to Maine's 154,000 veterans and their dependents in terms. The charts below reflect the applicable statistics for Claims, Veterans' Financial Assistance, Veterans' Dependent Education Benefits Program and the Maine Memorial Cemetery:

VA Claims Representation by the Bureau of Veterans' Services (BVS)

<u>Data by Fiscal Years</u>	<u>FY01</u>	<u>FY02</u>
Clients Represented by BVS	30,284	30,975
VA Claims Filed by BVS	1,793	1,850
VA Recoveries by BVS	\$21,782,111	\$35,448,719

Veterans' Financial Assistance

<u>Data by Fiscal Years</u>	<u>FY01</u>	<u>FY02</u>
Temporary Assistance Grants	N/A	\$48,600
Emergency Assistance Grants	N/A	\$60,000

Maine Veterans Memorial Cemetery

<u>Data by Fiscal Years</u>	<u>FY01</u>	<u>FY02</u>
Burials During the Year	604	601
Reservations During the Year	274	301
<u>Cumulative Totals</u>		
Total Burials	12,827	13,426
Total Reservations	5,034	5,101

ONGOING INITIATIVES

Expansion of the Maine Veteran Cemetery System

Construction of a second veterans' cemetery in Augusta was completed and opened for burials in July of 2001. This new cemetery, located on the Mt. Vernon Road, was constructed by funding provided under a \$4.8 million federal grant authorized by the State Cemetery Grants Program in Washington D.C. Recently, the state has been authorized an additional grant in the amount of \$2.4 million for a cemetery in Caribou, which is currently under construction. An additional cemetery to serve the veteran community in Southern Maine is in the planning stages with Federal funding in the amount of \$ 9.6 million is projected for FY 07 or later.



Women Veterans

The most recent statistics indicate that of the 154,000 veterans in Maine, approximately 9,500 are woman veterans. In the past, the VA did not offer all the specialized programs required by this group of veterans and many



needs went unmet. At the Federal level, the VA established a Center for Woman Veterans in 1994 as required by P.L. 103-446. The primary mission of the Center for Women Veterans is to review VA programs and services for women veterans, and assure that women veterans receive benefits and services on a par with male veterans, encounter no discrimination in their attempt to access them, and are treated with the respect, dignity, and understanding by VA service providers. Women veterans comprise a ever increasing percentage of the Total Force and deserve all rights and benefits to which all veterans are entitled.

In 1997, the 118th Legislature established the Advisory Commission on Women Veterans here in Maine. This Commission, consisting of five woman veteran to act as an advisory body to the Department of Defense, Veterans and Emergency Management on issues affecting women veterans and to serve as liaison between women veterans and the Department of Veterans Affairs Regional Medical Office at Togus, Maine. One of the concerns expressed by the Advisory Commission in testimony before the 120th Legislature is that many women veterans who served in WWII and Korea (and are now in need of medical care) did not realize that they were entitled to medical health care benefits through the VA.

Accordingly, the Bureau of Veterans' Services is interested in determining the degree to which gender and or other considerations may be factors that influence the use of VA Healthcare Services in Maine. To assist us in understanding how this issue impacts women veterans in Maine we are partnering with the University of Maine's Graduate School of Public Administration. A survey instrument (questionnaire) has been specially designed for this purpose and is attached at the end of this month's newsletter. I encourage all veterans to complete this short questionnaire, (on page 32), and return it to our office: Attn: Ms. Paula Gagnon, State House Station #117, Augusta, Maine not later than January 31, 2003.

Homeless Veterans

Nationwide, about one-third of the adult homeless population have served their country in the Armed Services. On any given day, as many as 250,000 veterans (male and female) are living on the streets or in shelters, and perhaps twice as many experience homelessness at some point during the course of a

year. In Maine, it is estimated that there are between 1,500 and 1,700 homeless veterans.

Each year, a consortium of agencies sponsors a Standown to help meet the needs of Maine's Homeless veteran population by providing, clothing, food, limited medical services, job counseling and claims advocacy. This year's Standown was conducted on November 16th at the South Portland Air National Guard Center and provided services to more than 80 homeless veterans from across the State.

The current VA Strategic Plan has identified the need for a domiciliary to be constructed at the Regional Medical Center at Togus to provide housing and a range of medical support services for homeless veterans in Maine.

MEETING OUR OPERATIONAL EXPENSES FOR VETERANS PROGRAMS

State budget shortfalls have continued to pose challenges to the Bureau in meeting its obligations to the Veterans' Community it serves. This past year, we have relied upon a wide variety of initiatives to improve the services we strive to provide:

- Use of administrative volunteer in the Central Office (Mr. Merle Auclair).
- Use of numerous volunteers to assist with mowing and maintenance in the Maine Veterans' Cemeteries in Augusta. [If you have time to donate, don't hesitate to contact Glenda Knowlan at 287-3481].
- Use of prison labor to assist with maintenance of the Maine Veterans' Cemeteries.
- Leveraging the fund raising efforts of local Veterans' Cemetery Associations to provide funding for special projects and beautification at the cemeteries.

Local cemetery associations in Caribou, Augusta, and Springvale have provided invaluable support and funding for a wide variety of initiatives which otherwise could not have been accomplished. As an example, the Augusta Cemetery Association donated funds for a number of major initiatives such as the purchase of a new carillon for the Mount Vernon Road Cemetery. At present the Augusta Association is raising funds through the sale of paving bricks to be installed on a memorial walkway at both Augusta cemeteries for \$ 100 each. Details are outlined in the following:

VETERANS MEMORIAL CEMETERY ASSOCIATION

ARTHUR J. ROY, PSC / CHAIRMAN (2002-
2003)

BRICKS FOR THE MEMORIAL WALK WAY

AT THE VETERANS MEMORIAL CEMETERY AUGUSTA

Donations are being taken for 8 inch x 8 inch Bricks that will be placed on the Memorial Walk Way starting this coming spring. The Bricks will be \$100.00 each with a 5-line limit and 10 Characters per line. Spaces won't count as a Character. Anyone that wishes to donate to this most worthy cause may send a Check with Form made out to:

**“VETERANS MEMORIAL CEMETERY
ASSOCIATION”**

and mail to:

Arthur J. Roy,
330 Russell Street
Lewiston, Maine 04240-4255.

**“BRICKS PURCHASED SO FAR (10 BRICKS-
Total Collected-\$1,000.00)**

Barbara Sawyer, PSP VFW Post 6859 Aux – Arthur J.
Roy, PSC VFW Post 1603
Larry LeClair VFW Post 1603 - Past State Commanders
& Past State Presidents CLUB
VFW Post 6859 Portland – MOC PT 21 – MOCA PT 21
VFW Post 8835 Winslow - VFW Post 3335 Ladies Aux -
VFW Post 6783 Ladies Aux.

All donations go towards maintenance of the Chapel & Cemetery and can't be used without a vote of the Association.

**For more information write, call or e-mail and I will
answer your questions.**

Tel: 784-6883 or E-mail: AJRVFW@juno.com

“THANK YOU & GOD BLESS”

*Please fill in Character's:
5-lines, and 10 Characters*

**Example: “IN MEMORY OF” can go on one line as it is
10 Characters**
**And I have been told they can go as far as 11 Characters
but that's it.**

**“THANK YOU FOR ALL YOU DO FOR OUR
VETERANS”**

QUESTIONNAIRE

This questionnaire is designed to determine the reasons Maine veterans use their Veterans Administration (VA) Healthcare Benefits at different rates. The questions contained in Part I are critical to understanding the factors that may influence the selection of healthcare providers.

Part I – Demographics

1. Gender: Male ____ Female ____
2. Age (years): ____
3. Branch of Service was (check all that apply):
 Army ____ Navy ____ Air Force ____ Marines ____ National Guard ____ Reserves ____
 U.S. Coast Guard ____ Merchant Marine ____ Other ____
4. My highest level of education completed?
 H. S. Graduate ____ Some College ____ College Graduate 2-Yr ____ 4-yr ____
 Graduate Degree ____
5. The number of years I served in the military:
 0-3 Yrs ____ 4-6 Yrs ____ 7-10 Yrs ____ 11-15 Yrs ____ 16-20 Yrs ____ Over 20 Yrs ____
6. I served as: an Officer ____ Enlisted ____ Both ____
7. My military service was:
 All Active Duty ____ All National Guard/Reserve ____ Both ____
8. My service included Overseas Service. Yes ____ No ____ If yes: Combat ____ Non-Combat ____
9. My service occurred during a period of conflict (check all that apply):
 WWII ____ Korea ____ Vietnam ____ Gulf ____ Bosnia ____ Afghanistan ____ Other ____
10. My military service makes me eligible for Veterans Administration (VA) Healthcare Benefits:
 Yes ____ No ____ Don't Know ____
11. I have the following service-connected disability rating from the (VA):
 None ____ 1-10% ____ 11-30% ____ 31-50% ____ 51-70% ____ 71-90% ____ 91% -100% ____
 Claim Pending ____
12. The distance (in miles) from my home to the following medical facilities:
 VA clinic ____ Private Physician ____ Private clinic/hospital ____

13. I belong the following Veterans' Service Organizations (check all that apply):

American Legion (AL) _____ American Veterans (AMVETS) _____

Disabled American Veterans (DAV) _____ Marine Corps League (MCL) _____

Military Order of the Purple Heart (MOPH) _____ Paralyzed Veterans of America (PVA) _____

Veterans of Foreign Wars (VFW) _____ Vietnam Veterans of America (V V A) _____

Women Appointed for Voluntary Emergency Service (WAVES) _____

Women in Service to America (WIMSA) _____ Women's Air Force Service Pilots (WASP) _____

Women's Army Corps (WAC) _____ Women's Auxiliary Army Corps (WAAC) _____

OTHER _____

Part II - VA Healthcare Utilization

14. In the past two years I have utilized the following VA Health Care Services:

None _____ Personal Care Physician _____ Emergency Care _____ Specialist Care _____ Pharmacy _____

Other _____

15-A. In the past two years I (will) have utilized the following Private Health Care Services:

None _____ Personal Care Physician _____ Emergency Care _____ Specialist Care _____ Pharmacy _____

Other _____

15-B. If you needed medical care, primary reason(s) why you utilized private clinic/hospital or physician rather than VA healthcare services over the past two years? (check all that apply)

Reason	Personal Care Physician		Emergency Care		Specialist Care		Pharmacy		Other	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
I had Private Health Insurance Coverage- Primary Beneficiary										
I had Private Health Insurance Coverage-Dependent on Spouse's Plan										
I was a Medicare Eligible-Primary Beneficiary										
I received Medicare Benefits- Dependent on Spouse's Coverage										
I was eligible for Medicaid										
I Paid Out of Pocket										
I Prefer A Personal Physician:										

RETIREE NEWSLETTER

Closer to my home										
Have/Desire Long Term Local Professional Relationship										
Faster Access										
I prefer my local hospital/clinic:										
Like Short Travel Distance										
Facilitates Family's & Friends' Support										
Faster Access										
I was lucky-No Care Required										
Other-										

15-C. If I utilized the above Health Care Services, I was (check all that apply):

Item	Personal Care Physician		Emergency Care		Specialist Care		Pharmacy		Other	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
College Student										
Unemployed										
Retired										
Married										
Other-										

Comments_____

Thank you for your time. Please return the survey to Return Questionnaires to:

Bureau of Veterans' Services
 Attn: Ms. Paula Gagnon
SHS #117, Camp Keyes
 Augusta, Maine 04333-0033, **No Later than 31 January